

SILVER STATE HEALTH INSURANCE EXCHANGE

BOARD MEETING

MEETING TRANSCRIPT

TUESDAY, FEBRUARY 18, 2025

DAVIS: Madam Chair, Tiffany Davis here. Just wanted to let you know that we are waiting for a few other of our Board members to join us before we start.

CLARK: Okay, sounds good. Thanks, Tiffany.

DAVIS: Madam Chair, Tiffany Davis again for the record. We have three of our voting members joining us and we would like to give it a few more minutes to see what other voting members will join us.

CLARK: Okay. Yep, that makes sense. Thank you.

DAVIS: Thank you. Good. Madam Chair Tiffany Davis. For the record, I do see that we have four voting members who have joined us, so we are ready to go when you are.

CLARK: Okay. Welcome to the Board meeting today, everyone. Thanks for being here. Let's call the meeting to order at 1:31 PM and would you mind taking roll call please, Tiffany?

COOK: Madam Chair, this is Russell Cook for the record. I was going to take roll call today --

CLARK: Okay.

COOK: -- if that's all right with you.

CLARK: Sure. Absolutely. Thank you, Russell.

COOK: Absolutely. My pleasure. We will start with Chair Valerie Clark.

CLARK: Present.

COOK: And Vice Chair Jonathan Johnson.

1 JOHNSON: Present.

2 COOK: Ms. Lavonne Lewis. I will mark Ms. Lewis as absent for  
3 today. Dr. Sarah Friedman.

4 FRIEDMAN: Present.

5 COOK: Thank you, Dr. Friedman. Mr. Quincy Branch.

6 BRANCH: Present.

7 COOK: Thank you, Mr. Branch. Ms. Amber Torres. I will mark Ms.  
8 Torres absent for today's meeting. And Mr. Sam Kumar. I will also mark Mr. Kumar  
9 as absent for today's meeting, and I believe we do have a quorum, Madam Chair.

10 CLARK: All right. Thank you very much, Russell. Next item on the  
11 agenda is public comment.

12 DAVIS: Madam Chair, Tiffany Davis for the record. I'm happy to  
13 help facilitate with the public comments today. Just a reminder for those who have  
14 joined us, if you've joined us online, if you would like to make public comment, when  
15 time, we'll ask you to please raise your electronic hand feature or indicate in the chat  
16 box if you would like to make public comment and our staff will let you know when  
17 you may unmute yourself. For those who have called into the meeting, we'll let you  
18 know when you may unmute yourself and provide a public comment at that time.  
19 Also, just a reminder for those who have joined us that if you would like to make a  
20 public comment, please keep it to about two, three minutes, and then please state  
21 your name for the record before presenting your public comment. So, I'd like to first  
22 go to our Carson City conference room. Kassie, do we have anyone in our physical  
23 location who would like to make public comment at this time?

24 FUENTES: This is Kassie Fuentes for the record. There are no public  
25 comments here in the Carson City office.

DAVIS: Thank you, Kassie, for confirming that. And then online, if  
we have any attendees who would like to provide public comment, you may raise  
your electronic hand feature at this time and Kaitlyn will call on you and you may  
unmute yourself to make your public comment. Kaitlyn, do you see anybody who has

their hand raised for public comment or in the chat?

BLAGEN: Hi, Kaitlyn Blagen for the record, no, I do not see any chats or anybody online that has a hand raised at this time.

DAVIS: Okay. Thank you so much for confirming. And then on the phone lines, if anyone has joined us by calling in, you may go ahead and unmute yourself at this time and provide your public comment. Do we have anybody on the phone, Kaitlyn, that you can see that might want to provide public comment?

BLAGEN: Kaitlyn Blagen for the record. No, I do not at this time.

DAVIS: Okay, excellent. Thank you for confirming. Madam Chair, there are no public comments at this time.

CLARK: All right, thank you very much, Tiffany. Next item on the agenda for possible action is the approval of the minutes of the September 17, 2024, October 15, 2024, and December 17, 2024, Board meetings. Has everyone had a chance to review and is there anyone who would like to make a motion to approve?

BRANCH: Madam Chair, this is Quincy Branch. I'll make a motion we approve the minutes.

CLARK: Thank you. I don't know if -- Radhika, do we need to approve all of these separately or can we approve them in one lump vote?

KUNNEL: Would you like to, like, take a block vote on all the pending orders if it's approvable with -- Radhika Kunnel for the record, but, Chair, that's within your prerogative. If you would like to take all the matters in a block vote, you can. But although the agenda, let me quickly read the agenda, I don't think the agenda specifically talks about taking all these matters in a block vote.

CLARK: Okay.

KUNNEL: Unless the Board has any specific objections, you can probably take votes interest in reviewing all the matters and take them as a block voting pattern.

CLARK: Okay. Thank you so much. So, Quincy, are you proposing the --

1           BRANCH:           So let me restate my motion. So, ma'am, Quincy Branch  
2 for the record. I would like to make a motion that we approve the meeting minutes  
3 from the September 17, October 15, and the December 17 Board meetings.

4           CLARK:           Thank you.

5           KUNNEL:          In a block.

6           BRANCH:          In a block.

7           CLARK:           In a block. Do we have --

8           JOHNSON:         Jonathan Johnson, second.

9           CLARK:           Okay, thanks, Jonathan. Is there any discussion at all? All  
10 in favor, please say aye.

11          MEMBERS:         Aye.

12          CLARK:           Any opposed? All right. Motion carries. Thank you. Next  
13 item on the agenda for possible action is the approval of the semi-annual fiscal and  
14 operational report pursuant to NRS 695I.370(1)(b) to the Governor and the  
15 Legislature. Do we have any discussion or a motion? You're on mute, Quincy. I  
16 wasn't sure if you were trying to say anything or not, but you're on mute.

17          BRANCH:          Oh, no, I think I was talking to myself, but again, Quincy  
18 branch for the record, I didn't want to monopolize the motion setting, but I guess I'll  
19 kick it into motion again and I will set a motion to approve the semi-annual fiscal and  
20 operational report as submitted.

21          CLARK:           Thank you.

22          FRIEDMAN:         Sarah Friedman for the record. I'll second.

23          CLARK:           Thank you, Sarah. Any discussion? All right. All in favor,  
24 please say aye.

25          MEMBERS:         Aye.

          CLARK:           Any opposed? Okay, thank you. Motion carries. Onto the  
next item for possible action. We have the adoption of the 2026 Carrier Premium  
Fees to be charged to insurers. This has been posted on the website, notice of  
hearing of fees to be charged to insurers. I reviewed it, looks good. Does anyone

want to make a motion on that or have any discussion on that?

JOHNSON: I don't have any questions.

CLARK: Yeah, I agree. It looks straightforward.

JOHNSON: We just need a motion to approve?

CLARK: Yes.

JOHNSON: Jonathan Johnson. Motion to approve.

CLARK: Thanks, Jonathan.

JOHNSON: The care -- what is the title?

CLARK: The Carrier Premium--

JOHNSON: The Carrier Premium Fees for 2026.

CLARK: Yes. Thank you. Do we --

BRANCH: Quincy Branch for the record. I'll second.

CLARK: Okay, thanks Quincy. All in favor, please say aye.

MEMBERS: Aye.

CLARK: Any opposed? No? Okay. Thank you very much. That motion carries. Next item for possible action, we have discussion and possible action for draft contract extension of technology platform GetInsured. I don't know if you want to talk about that first, Russell, and kind of give the Board an update on that and where we're headed?

COOK: Thank you, Madam Chair, Russell Cook for the record, it would be my pleasure. I did want to acknowledge though that in my enthusiasm to move us quickly through today's lengthy agenda, I did fail to complete the roll call. Specifically, I did not confirm the attendance of our ex-officio members, so I wanted to confirm with Radhika, is it okay for me to do so right now just for completeness of bookkeeping? I know that we are required to proceed through the agenda in a certain manner.

KUNNEL: Radhika Kunnel for the record. Yes, if you would like to put that on the record, that's perfectly okay.

COOK: Thank you. Russell Cook again for the record. Do we have

Ms. Stacie Weeks in attendance today?

WEEKS: Here.

COOK: And Insurance Commissioner Scott Kipper? I'll be marking the Commissioner as absent. And then we do have a new delegate from the Governor's Finance office. Kelli Lay. Ms. Lay, are you in attendance today?

LAY: Present.

COOK: Thank you very much, Ms. Lay. And then before we move on to the next Agenda Item, Tiffany had asked me to remind our voting Board members that if you do have to excuse yourself from today proceedings, please make sure that we know beforehand so that we can ensure that we are maintaining a quorum at least throughout the for-possible-action items on today's agenda. So very much appreciate the consideration.

DAVIS: And, Director Cook, I'm so sorry to jump in here. I just wanted to let everybody know that Amber Torres has also joined us, so if you wanted to add her to the –

CLARK: Thank you.

COOK: Thank you, Tiffany, and thank you, Ms. Torres. Russell Cook for the record. I will be marking Ms. Torres as present for today's meeting.

CLARK: Thank you.

COOK: All right, I will proceed with Agenda Item 6, which is the contract extension of technology platform and call center services from GetInsured. This is Russell Cook for the record. The purpose of this item is that it is intended to provide an overview of the terms and proposed structure or the extension of SSHIX's existing contract with GetInsured for technology platform and call central call center services. I'll begin with some background. In the summer of 2018, SSHIX contracted with GetInsured to provide technology platform and call center services for plan years 2020 through 2023. The initial terms included an option to extend the contract end date by two years, and that option was exercised in 2023, extending GetInsured's obligation to provide technology platform and call center services

1 through the end of plan year 2025. During the summer of 2024 SS – I’m sorry, was  
2 there a question? All right, I’ll continue. During the summer of 2024, SSHIX worked  
3 to complete a request for proposal or RFP for technology platform and call center  
4 services with the goal of releasing the RFP in the late summer or early fall. However,  
5 a variety of unforeseen delays prevented the RFP document from being completed  
6 until November of 2024. Ultimately, Nevada State Purchasing Division recommended  
7 that SSHIX work with GetInsured to extend the existing contract by one year, which  
8 would allow for a more ideal RFP release date in 2025. A one-year extension would  
9 also eliminate the risk of a potential vendor change in the months leading up to the  
10 launch of Nevada’s Battle Born State Plans, which SSHIX is required to offer through  
11 the Nevada Health Marketplace for plan year 2026 as part of Nevada's market  
12 stabilization program. SSHIX worked with GetInsured throughout January of 2025 to  
13 negotiate the terms of this contract extension and these terms are provided in the  
14 following sections for consideration by the Board. First, I’ll address the duration of  
15 the contract extension. Initially, SSHIX sought a one-year extension of the existing  
16 contract with GetInsured per the previous recommendation from the State  
17 Purchasing Division. However, during his state of the state address on January 15<sup>th</sup>,  
18 Governor Lombardo announced the proposed creation of a new entity known as the  
19 Nevada Health Authority. As will be described in a subsequent agenda item for  
20 today’s meeting, this project would entail the Exchange being placed under the  
21 leadership of the Nevada Health Authority, which would be run by Stacie Weeks.  
22 Additional details regarding the proposal were shared on February 6<sup>th</sup> and a  
23 presentation to the Assembly Committee of Ways and Means. In light of the  
24 proposed scope of the project, the Exchangers leadership considered that a two-year  
25 extension of GetInsured would provide more flexibility to the state than a one-year  
extension, while also minimizing any potential risks to business continuity associated  
with the transition. The Exchange proposed this idea to Ms. Weeks and her team  
who in turn proposed the idea to the state purchasing administrator, and all parties  
were in favor of seeking a two-year extension. Since that time, the Exchange has

1 been working with GetInsured to revise the terms of their proposal to account for  
2 technology platform and call center services through the end of plan year 2027. The  
3 existing contract with GetInsured specifies a contract end date of January 31<sup>st</sup>, 2026.  
4 Given that IRS forms 1095A are typically generated in late January, and given also  
5 that the Exchange must perform a significant number of 1095A corrections each year  
6 during February and March, a contract end date of January 31<sup>st</sup> would provide an  
7 extremely short wind-down period in the event of a hypothetical vendor change.  
8 With that in mind, the Exchange requested that on top of encompassing an additional  
9 two plan years of service, the new contract end date be extended for an additional  
10 two months through March 31<sup>st</sup> of 2028 in order to allow for a more prudent wind-  
11 down period. This modification results in a total extended duration of 26 months.  
12 The next section is titled IRS Exhibit 7, Contract Language. The Executive Director's  
13 report from the Exchange's December 17, 2024, Board meeting included an overview  
14 of findings from a recent audit conducted by the IRS, one of which related to the  
15 absence of the IRS's Exhibit 7 safeguarding language from our existing contract with  
16 GetInsured. The Exhibit 7 language, which is included in IRS publication 1075,  
17 specifies contractor responsibilities for safeguarding federal tax information, or FTI.  
18 To be clear, the Exchange and GetInsured are 100-percent compliant with all  
19 applicable federal regulations regarding the safeguarding of FTI; the finding merely  
20 highlighted that the required boilerplate language was not included in the existing  
21 contract. The Exchange's corrective action plan requires us to amend the contract to  
22 include the required language, so we're taking advantage of the opportunity to  
23 include this language as part of the proposed contract amendment. Next, I wanted to  
24 discuss the cost of the extended services. The rate that the Exchange negotiated with  
25 GetInsured for technology platform and call center services for plan year 2026  
represents a 27-percent increase over the 2025 rate. Obviously, this is a significant  
increase, so the Exchange would like to provide the Board with an overview of our  
analysis, which we believe will support our conclusion that the negotiated rate is  
commensurate with the recent increases to Nevada's enrollment numbers and the

1 increased costs associated with the services GetInsured provides. When the  
2 Exchange's first contract extension with GetInsured was being negotiated in the  
3 spring of 2023, the number of active health enrollees at the conclusion of the  
4 previous open enrollment period, or OEP, was 96,379. This marked a 5-percent  
5 reduction from the previous year's total of 101,411 health enrollees, which followed  
6 the introduction of the expanded APTC subsidies in the summer of 2021. That was  
7 per the American Rescue Plan Act or ARPA. In 2023, the Exchange was projecting  
8 relatively flat enrollment growth in the coming years and the negotiated rate for 2024  
9 and 2025 services followed the same trajectory of 3 percent year-over-year cost  
10 increases as had been associated with the first five years of the GetInsured contract.  
11 But at the end of the plan year 2025 OEP, the Exchange had enrolled 110,687 Nevada  
12 in health coverage, representing a 15 percent caseload increase over 2023 and an  
13 11.5 percent increase over 2024. We also believe it's important to consider the cost  
14 of GetInsured services relative to the market rate of the Federally Facilitated  
15 Marketplace or FFM platform, that is healthcare.gov, because achieving a measurable  
16 cost savings versus the FFM was one of the primary goals of the Exchange's transition  
17 to operation as a state-based marketplace or SBM. In 2024, the CMS user fee for  
18 states who utilize the FFM for eligibility enrollment and call center services, but who  
19 administered their own broker navigator programs and conducted their own  
20 marketing outreach and appeals activities, a hybrid model known as state-based  
21 marketplace using the federal platform or SBMFP was 1.8 percent of marketplace  
22 enrollees' gross premiums per member per month or PMPM as it's referenced. The  
23 Exchange's annual total of enrolling premiums for 2024 was approximately  
24 \$589,085,000 and the corresponding PMPM figure for GetInsured services in 2024  
25 was 0.9 percent, and that's based on their rate of \$5,310,000 -- I'm sorry, \$5,310,222,  
and that breaks down to half of the FFM rate for 2024. For 2025, CMS lowered the  
SBMFP user fee to 1.2 percent PMPM, citing increased revenues from higher than  
projected enrollment numbers in 2024. In Nevada, the projected cost of GetInsured  
services for 2025 is anticipated to fall to 0.76 percent PMPM, or 63 percent of the

FFM rate. And although the negotiated rate for 2026 would represent a 27-percent increase over the 2025 rate, if we apply the 2026 rate to our projected revenue for 2025, the PMPM would still work out to 0.96 percent or 80 percent of the historic low FFM rate. This figure represents less than one third of the Exchange's carrier premium fee for 2025, which is 2.95 percent PMPM. The Exchange also considered the recent cost increases associated with the services which GetInsured provides. In 2023, CMS introduced version 2.2 of the minimum acceptable risk standards for Exchanges, or MARS-E framework, which significantly increased privacy and security requirements for SPMs versus the previous MARS-E version 2.0. Among the cost increases associated with this change were the need to perform system vulnerability scanning every 72 hours rather than the previous requirement of once per month, and the need to bolster redundant disaster recovery services, which required additional hosting resources for platform infrastructure. Licensing and hosting costs for telephony, hardware, and software, as well as ancillary services like the Sisense Business Intelligence and Reporting platform utilized by the Exchange, have increased significantly since the 2023 contract extension, as have database and application hosting fees from Amazon Web Services. The next section deals with the inclusion of change request costs. In the Exchange's the initial 2018 contract with GetInsured as well as in the 2023 extension, the not to exceed, or NTE, amount of the contracts were specified as being exactly equal to the sum of the scheduled payments associated with the technology platform and call center services. The primary function of the NTE amount is to place a ceiling on the Exchange's contract authority with respect to vendor payments, even if the amount in the associated category of the Exchange's agency budget, i.e. budget authority, exceeds the NTE amount. Despite the fact that the Exchange's leadership anticipated additional vendor costs in the form of change requests, or CRS, when negotiating the 2018 contract, for instance, technology changes that would be required to maintain compliance with changing state or federal regulations, estimated CR costs were not factored into the historical NTE amounts. However, based upon recent guidance provided by the

1 Governor's Finance Office and the State Purchasing Division, agencies are advised to  
2 build estimated CR costs into their contractual NTE amounts to help ensure that  
3 vendor cost obligations do not exceed their contractual spending authority. As a  
4 result, the proposed contract amendment includes the base NTE amount from the  
5 2023 contract extension, which was \$35,184,152.93, with the following additions:  
6 \$6,365,344.50 to cover the cost of historical change requests from 2020 through  
7 2024, these are change requests for which the services have already been rendered  
8 by GetInsured, and the Exchange has already compensated for this; \$15,416,530 for  
9 the additional 26 months of service, so that amount is for the call center and  
10 technology platform services, the additional two years plus, the additional two  
11 months at the end of the contract period; and lastly we had estimated \$3,327,695.77  
12 for future change request costs in 2025 through 2028. That brings the total addition  
13 to the existing NTE amount to \$25,109,570.27 for a new NTE amount in the proposed  
14 amendment of \$60,293,723.20. I also want to discuss some of the cost protections  
15 that we negotiated with GetInsured. The proposed contract amendment includes a  
16 clause, which reduces technology platform costs by 10 percent and call center costs  
17 by 15 percent for the respective plan year if health enrollment totals for 2026 or 2027  
18 decreased by 15 percent relative to the 2025 baseline of 110,687. The Exchange  
19 believes that this is an appropriate safeguard against the threat of decrease  
20 enrollment activity, which might occur at the expanded APTC subsidies introduced by  
21 ARPA and later extended by the Inflation Reduction Act are allowed to expire at the  
22 end of 2025. And I'll conclude by saying that the Exchange believes that the  
23 magnitude of the negotiated rate increase reflects a good-faith effort on the part of  
24 GetInsured to narrow the gap between Nevada's rate and the rates paid by their  
25 other client states while preserving the mutually supportive and mutually beneficia  
26 vendor relationship that the Exchange and GetInsured have enjoyed thus far. If the  
27 Board is agreeable to the proposed terms of the contract extension, the Exchange will  
28 present the agreed-upon contract language to our Deputy Attorney General for  
29 review with the goal of submitting the document for consideration at the April 8,

1 2025, Board of Examiner's Meeting. I would now be happy to entertain any questions  
2 from the Board.

3 CLARK: Thanks, Russell. Does anyone have any questions on this?  
4 I know we've had a lot of back and forth on this contract, but I think -- you know, and  
5 I'm interested in hearing how maybe Stacie feels as well, but I think this does make  
6 sense. I think we would be biting off quite a bit to try and make a change to this  
7 platform right now given all of the other issues that the state is dealing with in  
8 regards to proposed legislation, things that are going on over there with Medicaid.  
9 Anyway, I welcome any comments, especially from you, Stacie.

10 WEEKS: Yeah, I think from our perspective, the Governor obviously  
11 is recommending the reorg, but also the Medicaid Express option and through the  
12 Exchange like we've discussed, and it's part of the Governor's budget. So, I think, you  
13 know, to have that two years to sort of plan out what that would look like and to be  
14 ready for the next contract period, I think makes total sense. So really appreciate  
15 Russell's partnership on that and, you know, if that doesn't pass and things don't  
16 happen in the session, it still gives the Exchange some of that stability because there  
17 could be a lot of federal changes that we don't know that are coming and this kind of  
18 gives some stability for operations I think at the Exchange. So that's at least our  
19 perspective, the Medicaid.

20 CLARK: Yep, I agree. Thank you, Stacie. And I think the  
21 explanation that we are still receiving a competitive rate compared to what other  
22 states pay, I think is very important too to know. Any other comments or questions?  
23 So, this is a for-possible-action item so if there are no comments or questions, would  
24 anyone be interested in making a motion?

25 JOHNSON: Jonathan Johnson. Motion to approve the contract  
extension of technology platform and call center services from GetInsured.

CLARK: Thanks, Jonathan. Do we have a second?

BRANCH: Quincy Branch. I second.

CLARK: Thanks, Quincy. Any discussion? All in favor, please say

1 aye.

2 MEMBERS: Aye.

3 CLARK: Any opposed? Okay, thank you very much. Motion  
4 carries. Thanks. We're getting a lot done today. Okay, next item on the agenda, Item  
5 7 for possible action, is a discussion and possible action for continued utilization of  
6 Equifax Verification of Income of Consumers, and Russell, I believe that is also  
7 something you have information on.

8 COOK: Thank you, Madam Chair and Members of the Board. This  
9 item is intended to provide a summary report on the use of Equifax's Verify Current  
10 Income, or VCI, electronic data service between July 1st, 2024, and December 31st,  
11 2024. This information is provided to the SSHIX Board of Directors so that the Board  
12 might consider the continued utilization of the VCI service as a secondary or fallback  
13 source of data for the verification of household income in relation to APTC and CSR  
14 eligibility determinations. A bit of background first: The Affordable Care Act requires  
15 state-based Exchanges to verify household income using the IRS's income and family  
16 size verification, or IFSV, service, but the use of secondary income verification  
17 services like VCI is optional. The Nevada Health Link System is configured to use VCI  
18 as a fallback verification service in the event that household income cannot be  
19 verified through the IRS. Without a fallback verification service in place, households  
20 whose income cannot be verified through the IRS alone would be required to upload  
21 supporting documentation to verify their subsidy eligibility, placing a burden on  
22 consumers and Exchange resources alike. Failure to upload the required  
23 documentation is also a leading contributor to loss of subsidy eligibility and  
24 eventually to cancellation or termination for nonpayment (inaudible). SSHIX  
25 recognizes the primary value of the VCI service in terms of its potential to reduce the  
administrative burden associated with manual income verification as well as the  
associated risk of disenrollment. However, reduction of this burden doesn't just  
require that the VCI service return an accurate household income value. In order to  
prevent a given household from having to upload supported documentation, the

1 income value returned by the service must fall within a certain percentage of the  
2 applicant's self-attested income value. This percentage is known as the reasonable  
3 compatibility threshold. If the data provided by the VCI service does not fall within  
4 this threshold, then SSHIX is unable to verify the household's income for the purpose  
5 of determining subsidy eligibility and the net result, which is the need for the  
6 applicant to upload supporting documentation, is no different than if VCI was not  
7 utilized. In other words, regardless of the quality or accuracy of the VCI service,  
8 which SSHIX does not question, the only way that its use can add practical value to  
9 SSHIX's operations is when the income value that it returns falls within the regional  
10 compatibility threshold for a given household. Prior to last year, the cost associated  
11 with utilization of the VCI service were covered by CMS. However, a rule change  
12 promulgated in the 2024 notice of benefit and payment parameters required states  
13 to begin paying for use of the service effective July 1st, 2024. Given the extremely  
14 short runway provided by the CMS rule change, it was not practical for the Exchange  
15 to discontinue its use of the VCI service by the July 1st deadline. Instead, our strategy  
16 was to continue utilizing VCI throughout the plan year 2025 open enrollment period  
17 after which the Exchange would assess the value that the VCI service provided to  
18 Nevada Health and consumers. In simplest terms, we want to quantify the average  
19 cost for each household whose income could not be verified through the IRS, but  
20 whose income could be verified using VCI. Our findings are provided in the following  
21 section. The section is titled analysis. Between July 1st, 2024, and December 31<sup>st</sup>,  
22 2024 SSHIX performed 73,571. Successful income verifications. Of these 71,194 were  
23 verified using the IRS's IFSC Service, 332 were verified using VCI, and 2,045 could not  
24 be verified through IFSC or VCI and required the applicant to upload supporting  
25 documentation. The following table details the monthly utilization of the VCI service  
during this time period, and I'd be happy to share this on screen if the Board would  
like. The main point of the table is that the month of October is by far the highest  
month of utilization for the VCI service, and that's a result of the annual passive  
renewals job that the Exchange conducted in October. So, we anticipated, and in fact

1 we did see a significant spike for utilization in the month of October. So Equifax  
2 charges differing rates for Tier 1 data, which is less than 45 days old, and which is  
3 returned if it's available versus Tier 2 data, which is more than 45 days old and which  
4 is returned if Tier 1 data isn't available, and I did want to clarify that SSHIX does not  
5 charge for use of the VCI service when no income data is available. These rates  
6 increased by approximately 19 percent effective October 1st, 2024. That's an annual  
7 increase that Equifax implements. SSHIX's annual passive renewals job was  
8 conducted in October, which as I mentioned, normally this why the numbers for  
9 October are so much higher than the other five months. Throughout the second half  
10 of 2024 SSHIX was charged for a total of 6,616 VCI response, that's 4,752 at Tier 1 and  
11 1,834 at Tier 2, resulting in a total cost of \$38,591.55. Of these responses, 332 or  
12 approximately 5 percent provided income values, which were within the respective  
13 household's reasonable compatibility threshold. While the actual cost of each  
14 request of VCI service is less than \$6, the average cost for each household who  
15 avoided the need to upload supporting documentation as a result of VCI service was  
16 \$116.23. The next section is titled Funding. Based upon VCI Utilization figures from  
17 prior years that were provided by CMS, SSHIX budgeted for an estimated annual VCI  
18 cost of \$535,266 in state fiscal year 2025. Due to numerous optimizations  
19 implemented last summer in collaboration with technology under GetInsured, SSHIX  
20 was able to substantially reduce the number of requests made to the VCI service, for  
21 example, by disabling VCI requests during rehearsal or staged run of our annual  
22 passive renewals job in September. However, the monthly charges from July through  
23 December still came in far lower than SSHIX anticipated. Based upon current reserve  
24 levels and revenue projections, the continued use of the VCI service is entirely  
feasible. So, among the actions that the Board might consider are to maintain the  
status quo and continue utilizing the VCI service, or to submit a change request to  
GetInsured to discontinue use of the VCI service. It's not something that would  
happen automatically, we would actually have to coordinate with that with  
GetInsured. And I just want to close by mentioning that, you know, there is a third

1 option certainly, which is that we could continue utilizing the VCI service for a finite  
2 amount of time in order to gather additional data about its utilization, about the  
3 value that it provides to our eligibility determination services, after which we could  
4 reassess at a future date. At this point, I'd be happy to take any questions from the  
Board.

5 CLARK: Thanks, Russell. Any questions on the Equifax Verification  
6 Service or thoughts about the future of it?

7 JOHNSON: Yeah, I mean, it's not a significant dollar amount, especially  
8 relative to what was budgeted for this, it just doesn't seem very effective. I don't  
9 know. I mean, 5 percent just doesn't seem like it's moving the needle from my  
10 perspective, so I think maybe continuing to kind of see where those numbers trend  
11 maybe before making that decision would be maybe the smart thing to do here. But  
12 do we have any idea what the change requests to GetInsured would be?

13 COOK: I do not. Russel Cook for the record. Thank you for the  
14 question. It would most likely be a marginal cost, it would be a configuration change,  
15 but there is a process associated with that. We'd have to submit a change request for  
16 that. So I do not, you know, foresee the cost associated with that change as being  
prohibitive in any way. I just did not want to give the Board the impression that we  
could make that change on a dime at no cost in terms of, you know, vendor  
resources.

17 JOHNSON: Yeah, and those are just my quick thoughts on it.

18 CLARK: Mm-hmm.

19 WEEKS: Russell?

20 CLARK: I would -- oh, go ahead. Go ahead Stacie.

21 WEEKS: Sorry, Stacie Weeks for the record. Russell, do you feel like  
22 this is something that helps you guys from an operational standpoint? I'm just trying  
23 to understand, like, is this something you guys need, and we just need to move  
24 forward cause you have the funding or is it in something we can kind of reassess, you  
25 know, later down the road? What would be your advice on that?

1 COOK: You know, I think it's definitely something that we could  
2 reassess down the road. I was frankly interested to see, you know, kind of, you know,  
3 what the numbers bore out. Our estimates were that we were going to spend a lot  
4 more money on this service, but frankly, we did estimate that it would be able to  
5 provide more in the way of positive income verifications than it actually produced. I  
6 would, you know, appreciate the opportunity to gather additional data and do  
7 additional analysis. In particular, one thing that we would like to do that we just  
8 haven't had the opportunity to do yet, is to try and correlate those scenarios where  
9 VCI was able to verify household income when the IFSV service, the IRS service could  
10 not, and try and correlate that with special enrollment periods, right? Like, we  
11 understand that, you know, life changes including, you know, changes in income are a  
12 big driver for income verifications. If it ended up being the case that the VCI service  
13 was more accurate, I want to be careful not to use the word accuracy, was more  
14 effective in verifying income within the reasonable compatibility threshold because of  
15 course, the service itself is very accurate, but if indeed it was more effective in  
16 verifying income changes that had been reported throughout the year outside of the  
17 open enrollment period than the if FSV service, that would provide some additional  
18 insight into the value that the service provides over and above these sort of, you  
19 know, the dollars and cents on the calculations they provided, if that makes sense.

16 WEEKS: Yeah.

17 CLARK: Well, I would, you know, after reading the report and  
18 talking and hearing other thoughts, I'm inclined to just let it ride to collect -- you  
19 know, give you more time to collect data and information that might be helpful to  
20 you.

20 COOK: Okay. I would tend to agree with that assessment, and I'm  
21 not sure, maybe Radhika could provide some advice here. This was listed as a for-  
22 possible agenda item. Do we need to actually have a motion or perhaps take a vote,  
23 if it's the Board's desire, to maintain the status quo?

23 KUNNEL: This is Radhika Kunnel for the record. It's listed as, I guess

1 it's agenda is as discussion and for possible agenda, so for possible action, so I believe  
2 it's well within the Board's prerogative to decide what to do with it. If they want to  
3 table it for the next meeting, that's definitely proper and within the realm of this  
4 agendized Item, or alternatively, if the Board would like to bring in a motion, but  
again, falls within the agenda item (inaudible) the agenda item.

5 COOK: Thank you. Russell Cook again for the record. Madam  
6 Chair, I just wanted to suggest that if the Board would like a revised report in the June  
7 Board meeting, we would be happy to provide one, and that would encompass an  
additional five months or so of utilization data.

8 CLARK: Perfect. I would say, let's do that. Let's table it for now.  
9 You don't have to sign any new contracts right now or anything, do you?

10 COOK: That is absolutely correct. We pay on a month-by-month,  
11 kind of pay-as-we-go basis. We actually receive an invoice from CMS on behalf of  
Equifax, and that process we'll continue into (inaudible).

12 CLARK: Okay. So, if we just table it, take no action this month,  
13 we're not in any way impeding progress or operations in any way?

14 COOK: That's my understanding.

15 CLARK: Yeah. Okay. Okay. I'm good with tabling it unless anyone  
has any other thoughts.

16 JOHNSON: Yeah, I, I think we all feel this way because it's such a  
17 immaterial amount. If this was a \$500,000 expense and we were getting 300  
18 verifications out of it, I think we'd all feel differently.

19 CLARK: Right.

20 JOHNSON: Continuing to, to track that and monitor that, I think is  
important, and we can reassess in June.

21 CLARK: All right.

22 KUNNEL: Madam Chair, you may need to take a motion and --

23 CLARK: Oh, okay. Would anyone care to actually make a motion  
24 on that then?

1                   JOHNSON:            Sure. Jonathan Johnson, motion to continue utilization of  
Equifax verification and reassess at the June Board meeting.

2                   CLARK:                Thanks, Jonathan. Do we have a second?

3                   FRIEDMAN:           Sarah Friedman, second.

4                   CLARK:                Thanks, Sarah. Any discussion? All in favor, please say  
5 aye.

6                   MEMBERS:           Aye.

7                   CLARK:                Any opposed? Okay. Motion carries. Thank you. Okay,  
8 next up on the agenda we have for possible action Item 8, discussion and possible  
9 action to define parameters for vision carriers' policy, and I'll let you take it away,  
Russell.

10                  COOK:                Thank you. Again, Madam Chair, Russell Cook for the  
11 record. This is an issue that we've been discussing for some time, but really want to  
12 take advantage of the opportunity to kind of move this forward. This item is intended  
13 to clarify the Board's goals and expectations for a forthcoming policy related to the  
14 manner in which SSHIX might enter into formal partnerships with vision insurance  
15 carriers on the future beginning with plan year 2026. So, following the discussion in  
16 today's Board meeting of the items included in the following sections, as well as any  
17 additional points that the Board wishes to consider, the Exchange working under the  
18 guidance of our Deputy Attorney General will draft a formal policy with any  
19 supporting documentation that would be required to support the approved  
20 methodology for example, an application form. These documents would be  
21 distributed to the Board by email for review prior to the June 2025 Board meeting,  
22 and the June Board meeting would then include a for-possible-action Agenda Item,  
23 allowing the Board to either approve the documentation as submitted or modify or  
24 amend the proposed documentation in accordance with the Board's preferences. So,  
these proposed discussion items for consideration by the Board were first suggested  
during the December Board meeting. I did contact the Board members by email  
during the first week of February. I did not receive any requests for additional

1 questions and these questions, by the way, were developed by our internal staff here  
2 at the Exchange and they set what we believe is the minimum baseline in terms of  
3 decisions that we would like the Board to consider so that we can draft what we  
4 believe would be an effective policy, as well as an application and review process for  
5 vision carriers who are seeking a partnership with the Exchange. The first question is  
6 what should be the term of a partnership agreement. The Exchange proposes that a  
7 one-year term of November through November, which would ensure that new  
8 partnerships were in place prior to the start of each year's OEP should be the  
9 minimum. However, the Board might consider a longer term in relation to the  
10 administrative requirements of the review and approval process. So if it was  
11 considered burdensome, for instance, to you know, go through this every year, it  
12 could, for instance, be a biennial kind of a process. Another question that we were  
13 proposing is should an application be required from prospective vision carrier  
14 partners, and how should such an application process be administered. The  
15 Exchange proposes that a formal application of the review process similar in concept  
16 to a request for proposal would allow for a robust and balanced review and vetting  
17 process and that the implementation of a standardized application form would allow  
18 for the solicitation of comparable information across multiple applicants, while also  
19 allowing for the inclusion of contractually binding language, which would streamline  
20 the execution of the approved partnerships and again, that would be kind of similar  
21 to the State of Nevada's RFP process. Another question for consideration is shall the  
22 application require performance metrics to be provided by prospective partners. If  
23 so, which metrics should be required? How shall the application review and approval  
24 timeline be structured? We wanted to propose that an application window of July  
25 through August would allow for applications to be distributed to Board members for  
review during September, after which the Board could vote on their approvals during  
the October Board meeting. This timeline would allow for new partnership  
agreements to be executed and for the Nevada Health Link website to be updated  
prior to the start of OEP each November 1st. Should approved vision carrier partners

1 be required to provide periodic reporting for the Exchange? If so, what data should  
2 be reported? For example, confirmed enrollments and vision coverage following a  
3 Nevada Health and referral customer satisfaction metrics, et cetera? Should there be  
4 a maximum limit to the number of concurrent vision carrier partnerships in place at  
5 one time? The Exchange is not aware of any other state-based marketplace with  
6 more than three vision carrier partnerships in place. Lastly, should a hosting fee for  
7 approved vision carrier partners be charged by the Exchange? This was one area  
8 where the Board had expressed concern previously, and we just wanted to, you  
9 know, to chime in here that the hosting fees associated with historical partnership  
10 agreements have been negligible with respect to the Exchange's operating budget,  
11 and the absence of hosting fees for future partnerships would not present a risk to  
12 the Exchange's revenue. So, I would be happy to answer any questions from the  
Board, provide additional insight into our thought processes when we develop these  
proposed questions, and if the Board has any additional questions that they would  
like to consider, all of that is fair game at this point.

13 CLARK: Okay, thanks, Russell. I think this is a great start and I feel  
14 like, you know, vision care is expensive. You know, if we can help our Nevadan  
15 population, if we can help our people here in Nevada get access to something that  
16 can help them with the expense, that makes sense, I think we should consider it. As  
17 you know, in terms of hosting fees, I don't know if there is cost that we would  
18 undertake to maintain the relationships that come our way, you know, is there  
19 maybe a small hosting fee that would make sense to charge, but I don't know. What  
are your thoughts? What do you guys think? I'm happy with this so far.

20 JOHNSON: I think that if you're allocating any sort of resources, right,  
21 human capital people to manage this process, review the applications, you know, put  
22 the information out there, right? There comes a little bit of a cost. I know this isn't a,  
you know, revenue generator necessarily for the Exchange, and nor does it need to  
be --

23 CLARK: Mm-hmm.  
24

1                   JOHNSON:            -- but if it offsets any of the costs that the Exchange may  
2 incur by facilitating this, I would be in favor of some sort of a hosting fee to offset  
3 those expenses --

4                   CLARK:            Mm-hmm.

5                   JOHNSON:            -- so that it doesn't come as a cost to the Exchange. And  
6 then just a question on the timeline, just want to make sure that that's adequate if  
7 it's reviewed in September for them to be ready to go prior to the start of open  
8 enrollment. I don't know if that timeline is normal. Russell, have you got any  
9 feedback on that?

10                  COOK:            Thank you. Thank you, Mr. Johnson. Russell Cook for the  
11 record. We are unaware. We just haven't had a chance to reach out to other states  
12 and inquire about what their timelines look like, if there is such a process in place.  
13 You know, these were largely, you know, our attempt to address concerns that were  
14 raised by the Board last year. If you think it would be helpful, you know, we did try  
15 and structure these questions in a progressive manner, perhaps we might just go  
16 through them quickly one by one in the name of expediency, maybe we could take a  
17 quick vote, have any discussion regarding each one of these, you know, questions, I'll,  
18 I'll be sure and capture the answers, and then that might allow us to at least move  
19 forward with a proposed, you know, solution. If by the time we get to the June Board  
20 meeting, there's still lingering questions about the timeline, whether it's the term of  
21 the agreement or whether it's, you know, kind of the application or the review and  
22 approval timeline, I'm confident that those would be relatively straightforward  
23 changes to implement even as late as the June Board meeting so long as all the other  
24 pieces were in place, if that makes sense. So, Madam Chair, again, Russell Cook for  
25 the record. I would propose that the Board might consider just kind of moving, you  
26 know, through these questions in order.

27                  CLARK:            Yeah.

28                  COOK:            You know, if the default suggestion from the Exchange  
29 seems agreeable to the Board, then we can move on with further discussion, or

perhaps any motions by the Board seem appropriate for any of these questions, then

--

CLARK: Yeah.

COOK: -- just going to take them as we go.

CLARK: Okay. And we'll do that quickly. So, the term of the partnership agreement, November to November, I think that makes perfect sense. How about everyone else?

JOHNSON: Agree.

CLARK: Okay. And should an application be required from prospective vision carrier partners, and how should an application process be administered, you're suggesting the Exchange is proposing a formal application process similar to what you already do, I assume, with the medical programs? Is that what you're saying, Russell?

COOK: No, not exactly. You know, we do have a process in place for health and dental issuers who wish to sell plans through the Exchange. That's known as the intent to sell process. So each spring, you know, carriers who are interested in offering plans, whether health or dental for the forthcoming plan year, we'll submit this intent-to-sell form, and there is a statutorily defined process for plan certification, rate reviews, et cetera. That's all been kind of standardized per CMS regulations. I think what we're proposing here is something more like an RFP type of a process --

CLARK: Okay.

COOK: -- a procurement related process, but rather than requiring assistance from the State Purchasing Division, we are proposing, at least for initial consideration, that we would create perhaps a page on our website where we would, you know, post the policy for vision carrier partnerships, we would post an application form to our website with instructions for how to complete that form, including submission, deadlines, et cetera, and then you know, to the best of our ability, we could put the word out certainly to any vision carrier partners that have

1 ever expressed interest in partnering with us in the past or who have partnered with  
2 us in the past, we would make it known that we have a new process in place and that  
3 either to continue the existing partnership or to establish a new partnership, that an  
4 application would be required. So essentially, I just kind of envisioned that we would  
5 create a webpage on our website dedicated to this process and that we would  
6 provide instructions for where to send the application form. The Exchange staff  
7 would then take responsibility for collecting and processing these application forms,  
8 and then we would distribute these to the Board of directors early in the month of  
9 September, following what we're proposing would be an end of August application  
10 submission deadline. You would then have between, you know, four and six weeks,  
11 or more likely four and five weeks in the lead up to the October Board meeting to  
12 independently review these applications, and then we could perhaps include a for-  
13 possible action agenda item at the October Board meeting where the Board could  
14 kind of weigh in on who they believe should be the partners for the forthcoming plan  
15 year. That would still give us -- and I know it doesn't seem like a lot of time, that  
16 would give us about two weeks prior to the start of the annual open enrollment  
17 period, but that would be more than sufficient from the Exchange's perspective in  
18 terms of making the required updates to our website and announcing the partnership  
19 of these new vision carriers, or the continuation of existing agreements, as it were.

16 CLARK: Got you. I think that sounds excellent. And the  
17 implementation of a standardized application makes a lot of sense, I think. Anyone  
18 have any questions or comments on that piece? Okay. Shall the application require  
19 performance metrics? If so, what metrics?

19 JOHNSON: What do you currently get from, like, a dental carrier?

20 COOK: Well, from health and dental carriers, we don't actually  
21 receive much data from them after, you know, but most of the data that we  
22 exchange with insurance carriers, I should say, has to do with plan selections. We  
23 don't receive any claims data, we don't have any data on utilization, and that that's  
24 really just a reflection of federal regulations, which prevent us from gathering PHI or

1 HIPAA data but, you know, our existing partnership, we do receive annual reports  
2 regarding, and I think this was the primary source of our suggestions down below, I'm  
3 skipping ahead a couple bullet points, but I think it would make sense to perhaps  
4 align the historical data that we request in the application process with the data that  
5 we wish these vision carrier partners to continue providing to the Exchange as part of  
6 the terms of the agreement, for instance, confirmed enrollments and vision coverage  
7 following a Nevada Health Link referral is, in my mind, the most valuable metric in  
8 terms of quantifying, you know, the fact that -- in terms of answering the question, I  
9 should say, of how much value is this partnership actually provided to consumers.

10 CLARK: Yep.

11 COOK: So just knowing how many Nevadans who visited Nevada  
12 Health Link, who were referred through this partnership program to the vision carrier  
13 and actually enrolled the vision coverage, is a huge amount of useful information in  
14 and of itself. I also suggested that customer satisfaction metrics might be part of  
15 what we would require vision carrier partners to provide to us. You may recall from  
16 last June that the reason, part of the reason, this became an agenda item in the first  
17 place had to do with a vision carrier who sought a partnership in the fall of 2023. We  
18 reviewed the request internally at the Exchange, and we decided primarily as a result  
19 of negative customer satisfaction reviews that we've gotten through various locations  
20 on the internet, including, but not limited to better Business Bureau, we decided that  
21 it would not be in the best interest of the Exchange to enter into that partnership and  
22 issue what might be perceived as a tacit kind of endorsement of this vision carrier  
23 services until and unless they, you know, made some improvement, made some gains  
24 in that area of customer satisfaction. So, I would be completely satisfied if the  
25 application data was limited to, you know, customer satisfaction metrics just so that  
26 we can get an idea of how, you know, the vision carrier's performing in that arena.  
27 We might also consider requesting current enrollment numbers for the state of  
28 Nevada that would align nicely if we were, for instance, to require approved visionary  
29 partners to continue providing the same types of metrics on a go-forward basis once

1 a requested partnership was approved.

2 CLARK: And do you think just by virtue of the fact that they're  
3 licensed to sell their product in the state of Nevada, and maybe, Commissioner  
4 Kipper, if you're still on the call, is there reasons that we would need to check  
5 financial stability and their financial status, or by virtue of the fact that they're  
6 operating here we are assured that they're financially stable? I'm not sure if he's still  
7 on the call.

8 COOK: You know, Russell Cook for the record. I had Mark,  
9 Commissioner Kipper as absent from today's meeting during the roll call. I don't  
10 know.

11 CLARK: He logged in and said he was sorry he was late and that  
12 he's joined the meeting at 1:46, but he may have dropped off again. I'm not sure.  
13 Anyway, I think one thing we want to explore is financial status, stability, I think  
14 working with the Division of Insurance, of the Commissioner's Office, that we could  
15 just confirm all of those once application is received.

16 COOK: Russel Cook for the record. I think that's a great  
17 suggestion and it would be easy for us to collaborate with the Commissioner and with  
18 the Division of Insurance to kind of mirror the data that we request to the data that is  
19 part of the review and approval process for licensure of health and dental carriers.  
20 Perhaps not as robust, but certainly we could establish a baseline for what type of  
21 data we might want to request.

22 CLARK: Mm-hmm .

23 COOK: Sounds then like we'd be interested in soliciting financial  
24 status and stability information, which we could kind of confirm and flesh out in  
25 collaboration with DOI and then if we wanted to add to that current Nevada  
enrollment figures as well as historical customer service data, in my mind, that would  
provide a pretty robust baseline for review and consideration by the Board.

CLARK: Yep. Absolutely. I think that's great. Okay, next on that  
list was review and approval timeline be structured. The Exchange proposes an

1 application window of July through August. This timeline would allow for new  
2 partnership agreements to be executed. I mean, that's something that's your call I  
3 guess. I know Jonathan brought up a good point, is that enough time. I would not  
4 know that answer. Jonathan, you may have more information there. I don't know.  
Or Quincy?

5 JOHNSON: I don't know.

6 CLARK: Yeah, I mean, that's going to be up to you guys to decide if  
7 that gives you enough time. I don't think vision insurance is as difficult to navigate as  
health insurance is, so maybe that's plenty of time.

8 COOK: You know, Russell Cook, for the record, it's a great  
9 question and I did want to just clarify that, you know, the timeline that we proposed  
10 considered the existing regularly scheduled cadence of Board meetings, and we were  
11 trying to find a proposed solution that would not require the scheduling of a special  
12 Board meeting specifically for the purpose of this review and approval process. For  
13 my part, I'm confident that any new partnerships that the Board approves in that  
14 mid-October timeframe, which is when our October Board meetings tend to fall, that  
15 we would have ample time to update our website and put the appropriate links in  
16 place. That would of course depend upon a certain degree of collaboration with the  
17 vision carriers. One thing I didn't mention but that probably ought to be clarified is  
18 that the application process would need to solicit the technical information from  
these applicants that we would need in order to provide those redirect links. Could  
be as simple as a URL that we would use to kind of -- you know, for consumers who  
would be jumping off from our website to the vision carrier's website.

19 CLARK: Mm-hmm.

20 COOK: Typically, they would just give us a single URL that uniquely  
21 identifies the Nevada Health Link website as the origin point for these referrals, and  
22 historically that's how it's worked with VSP. That, you know, seems to be a good  
23 solution. So, you know that information would've already been acquired through the  
24 application process at the time that the Board considers the approval of these

1 applicants, we would just need to take the, you know, remainder of October, about  
2 two weeks or so, to update our website and if for instance, you know, we moved  
3 from one vision carrier partnership to two vision carrier partnerships, that would be  
4 well within our ability to implement those changes to Nevada Health Link website  
prior to the start of open enrollment on November 1st.

5 CLARK: Okay. All right. I mean, I think that sounds great. Should  
6 approved vision carrier partners be required to provide periodic reporting to the  
7 Exchange and if so, what data should be reported? I mean, I agree with you,  
8 definitely enrollments. I would go month to month on those just to see if we're --  
9 how -- cause what we want to avoid is-- and I guess we would only allow people to  
10 sign up during open enrollment, or would this be come and go any time? Because  
11 what we want to avoid is adverse selection where people jump on, get their benefit  
12 and jump off. We're going to lose all our carriers if that is allowed. So, I assume  
we're looking at open enrollment, and that's the one time of the year people would  
be able to get on.

13 COOK: You know, that's a great question, Madam Chair. Russell  
14 Cook for the record. It's my understanding that, you know, the enrollment windows  
15 would be administered by the vision carriers themselves. The Affordable Care Act  
16 does not specify any limitations with respect to open enrollment period versus non-  
17 open enrollment period or special enrollment period for vision carriers to the best of  
my understanding.

18 CLARK: Mm-hmm.

19 COOK: But that's actually a great question. That's not something  
20 that came up in our previous discussions with these vision partners. So certainly,  
that's something that we could do a little more homework on in the meantime --

21 CLARK: Mm-hmm.

22 COOK: -- if you think that we'll have a bearing on this process, and  
23 that's anything we learned could certainly be included in our draft policy as far as  
24 establishing guardrail, and certainly that would be information that would be I think

1 very helpful to provide to our consumers because the intent of this policy would not  
2 only be to specify kind of the structure of this process to vision carriers, to  
3 prospective vision carrier partners, but also to clarify for consumers exactly, you  
4 know, what the process entails and what type of due diligence we would be  
5 performing at the Exchange, along with ancillary information such as enrollment,  
6 windows eligibility, et cetera.

7 CLARK: Mm-hmm.

8 COOK: We would very much like to provide a consistent  
9 representation of that information to both consumers as well as prospective issues.

10 CLARK: Mm-hmm. Yeah. So maybe in the RFP, we have the  
11 carriers clarify their expectations in that regard. You know, we have carriers that  
12 don't seem to have strong opinions about it, but I do work with vision carriers that  
13 have, you know, fairly strong expectations about how it would look in terms of plan  
14 participation and accessing benefits. So great. Okay. Let's -- yeah, great stuff.

15 FRIEDMAN: Madam Chair, can I ask one question? This is Sarah  
16 Friedman for the record. My question is about networks. I don't know if networks  
17 are an issue with vision carriers, but if it is, is some description of networks, would  
18 that be valuable data to collect --

19 CLARK: Mm-hmm.

20 FRIEDMAN: -- and include in our metrics?

21 CLARK: Yeah. Yeah. I mean, the coverage, especially in the rurals,  
22 is very different than it is in the more populated areas of the state, so I think that's a  
23 really great comment, Sarah, that we definitely have a thorough review of where  
24 these providers are located.

25 COOK: Thank you, Madam Chair and Dr. Friedman. I'm making a  
note now to include provider network information as part of the application process.

CLARK: Mm-hmm. Just like with dental plans, vision, you know,  
we look at it the same way. There's definitely more available to us in, you know, Las  
Vegas and Reno, but as we venture out from Vegas and Reno, we definitely want to

1 consider what networks are available to those populations. Okay. Should there be a  
2 maximum limit to the number of concurrent vision partnerships in place at one time?  
3 You're saying a lot of other state-based programs have around three, or no more than  
4 three? I don't have a big desire either way as long as we have a healthy, robust,  
5 competitive marketplace. To me that's the most important thing. That's what's  
6 probably going to keep rates as low as possible is to have that competition out there.  
7 So, I think three is a good number. We don't want to confuse people with ten, you  
8 know, with a big number but I don't know, I think three is a good number provided  
9 that we have healthy networks with each of those three. Any other thoughts on  
10 that? Okay. And should a hosting fee for approved vision carrier partners be charged  
11 by the Exchange? Historically, they have been negligible with respect to the  
12 Exchange's operating budget, and the absence of hosting fees for future partnerships  
13 would not present a risk to the Exchange's revenue. Depending on what your actual  
14 costs are, I wouldn't want to say yes or no until I knew what we were talking about in  
15 terms of cost. Is it possible maybe by the time we actually were to start evaluating  
16 these things, that we could revisit that question?

17 COOK: Madam Chair, Russell Cook for the record. In terms of, for  
18 instance, an estimate that we might provide as to the administrative costs of  
19 soliciting the applications, that sort of thing, I think that's very feasible. I think the  
20 cost would be, you know, relatively negligible but certainly, you know, we could come  
21 up with some type of estimate based upon actual person hours, and I would expect  
22 that those would fall in the maybe low to mid kind of four-figures range. But  
23 certainly, we could undertake -- you know, that could be part of the process here is to  
24 come up with an estimate.

25 CLARK: Okay. Yeah, cause I could go either way on that. You  
know, you don't want to -- I mean, the premiums that these vision plans charge are  
relatively small, so we don't want to load up those fees if we don't have to. That's  
where the fees end up going anyways is into the premium. So, if we can avoid that,  
great, but then is that really fair to the other plans that are supporting? You know, so

1 I think we want to have an element of fairness across the Board for every single  
2 partner. So even if it's a small fee, that's better, probably in terms of the fairness of it  
3 than not. That's just my opinion. I don't know if anyone else feels that way.

4 COOK: That makes a lot of sense. And I didn't mean to precluding  
5 other comments from the Board, but certainly that would be something that would  
6 be straightforward for us to accomplish prior to the June Board meeting.

7 CLARK: Great. Okay. Well, that was everything. Any other  
8 comments, suggestions? I think I'm really excited about the fact that we can, you  
9 know, create this robust environment for our members. I think vision is a big deal. I  
10 mean, I know I have clients that really have benefited from this benefit, so I'm glad  
11 we're able to help. Okay. Next up, are we ready to move on? Yes. So, this was a for  
12 possible. I got to find it here. This was a for-possible action. Do we need to vote to  
13 move this forward and with the instructions and ideas that we've given to Russell? I  
14 mean, I think we probably do.

15 KUNNEL: Yes, Madam Chair, you are correct.

16 CLARK: Okay. So, do we have a motion to allow Russell to move  
17 forward with the ideas and recommendations that we've given today?

18 JOHNSON: Yep. Jonathan Johnson for the record. Motion to approve  
19 that we further define the parameters for vision carriers on the Exchange.

20 CLARK: Thanks, Jonathan. Do we have a second?

21 BRANCH: This is Quincy. I'll second.

22 CLARK: Thanks, Quincy. Any further discussion? All in favor,  
23 please say aye.

24 MEMBERS: Aye.

25 CLARK: Any opposed? Okay, great. Thanks. Motion carries.  
26 Fantastic. Next up for possible action, Item Number 9, discussion and possible action  
27 of creating various advisory committees for proper oversight and support of the  
28 Exchange. So, I think this was a result of Sam Kumar coming on the Board, and I  
29 thought it was a great idea. I think we should explore it further. Sam unfortunately

1 had a bit of a work emergency today and was not able to attend. Otherwise, I  
2 would've had him maybe discuss more about this idea, and in light of the upcoming  
3 presentation that Stacie's going to be giving and the proposed Nevada Health  
4 Authority potential legislation, I think maybe we could table this till the next Board  
5 meeting until Sam is available to further his ideas with us. Would that make sense to  
everyone or does anyone want to discuss that further?

6 WEEKS: Valerie, this is Stacie Weeks for the record. I don't know if  
7 -- sorry, my internet's not working as well today. I think it's a great idea. I think other  
8 states do have advisory committees, especially when it comes to specific topics like  
9 brokers, navigators. You could have one for consumers, you could have one -- you  
10 know, I think it's a great idea. I think it gives more of that feedback to the Board as  
11 well as the Exchange, and different voices and carriers have a space as well. So  
12 definitely welcome that conversation. I think going forward, Todd Rich is going to be  
13 sitting on the Board for me, so I just wanted to put that out there that we're very  
14 supportive of that but, you know, obviously just want to recognize there is capacity  
15 needs when you do add new committees and so, you know, just be mindful of the  
workload it does put on an agency. So how we do that and how we structure it I  
think is important to talk about with Russell and his team, but I definitely think it's a  
great idea.

16 CLARK: Okay. I think for the sake of wanting to have Sam's input  
17 for this conversation, I would recommend that we move this to the next Board  
18 meeting, and then by then we may have further guidance by whatever regulatory  
19 changes take place. If that's okay, I would make a motion to put this on the table to  
the next Board meeting. Any thoughts on that?

20 JOHNSON: I think that sounds great.

21 CLARK: Okay. So, I'm, I'm making that motion. Does anyone want  
22 to second it?

23 JOHNSON: Jonathan Johnson. Second.

24 CLARK: Okay, great. Any further discussion? All in favor say aye.

MEMBERS: Aye.

CLARK: Any opposed? Okay, great. Thank you, guys. I want to do it justice and I want Sam's opinion, so, and information. Okay. Next up, update on approval of the 1332 waiver and rollout of the Battle Born State Plans, BBSP is what they're called, presented by Stacie Weeks, Administrator of DHCFP, and Todd Rich, Agency Manager of DHCFP. Stacie.

WEEKS: Thank you. So, Stacie Weeks for the record. Todd unfortunately had to go to an appointment, so it's just me but I don't know, Tiffany, if you want to pull up the slides. I'll try to move pretty quickly just in interest of time, but I just want to make sure we have time for questions too. So, you can go to the next slide. Thank you. Okay, next slide. Sorry. There we go. Yeah, keep going. There we go. Okay. So, you probably remember it's been many years, many moons by now, 2021 Senate Bill 420 was passed. Our division has been working with the Division of Insurance as well as the Exchange on how to implement this requirement. We did just a quick, you know, recap of what the statute required. It requires us to contract with health insurance carriers to offer these new products through basically a state contracted qualified health plan in the Exchange, and they tie that to a good faith bid to the Medicaid managed care program. So, in, in other words, if an individual -- if a carrier bids on our Medicaid managed care program, they also have to offer good faith bid on the public option or what we're calling the Battle Born Plans. And this last year, or seems like a long time ago, we did the procurement. We are in the middle of finalizing those contracts. There were letters of awards that went out. Those are public online, and I think there were three. I'm kind of, today, a lot of different procurements are happening right now, but there were three carriers that were chosen and that we are still in negotiations on the final contracts and once -- hopefully that all will be done in the next month, and we'll be going to the Board of Examiners to sign them. Essentially, they have to -- over the next five years is the contract term, it aligns with our Medicaid managed care program, they have to meet a certain reference premium or target. It's about 15 percent over the first four years.

1 Next slide please. One of the things that I think -- sorry, there we go. One of the  
2 things that the Governor's Office, you know, this bill was implemented under  
3 Governor Lombardo's administration, his office really looked at this bill and was  
4 trying to figure out how do we mitigate any impacts to providers in the marketplace.  
5 So as part of the 1332 waiver, which is a waiver from certain federal laws so we can  
6 operate these new state contracted products in the Exchange, the Governor wanted  
7 to use that federal savings because the premiums are going down, which means the  
8 federal government spends a little less on premium tax credits. We get to capture  
9 that funding and as part of that capturing, the Governor's Office and the Governor  
10 recommended that we do a reinsurance program, which is something Nevada and  
11 many other states have talked about. Many states, I think over a dozen, have a  
12 reinsurance program. It's available to all carriers, individual market. It will lower all  
13 premiums, you know, to some extent. And originally, we were only looking at Year 2,  
14 but after negotiations with CMS, we were able to move that reinsurance program,  
15 which will start in Year 1. That reinsurance program will be operated through  
16 Division of Insurance and our Division together. We'll be working together to  
17 implement that and determine how much payments the carriers get to help offset  
18 premium costs. The other piece to the Governor's proposal for stabilizing the market  
19 with the new product is to do a quality incentive payment program based on how  
20 much passthrough funding or federal funds we think we'll get back in Year 1 and 2.  
21 We don't anticipate a very large quality incentive payment program until Year 3, and  
22 this would be funding kind of like what we do in our Medicaid managed care program  
23 now. If carriers are working with their providers, or, for example, one year we had  
24 you know, doing more spending on primary care, investments in providers to really  
25 maximize value-based payment design, those types of things, and infrastructure  
support. If carriers are meeting certain quality metrics or doing certain payment  
arrangements that are driving value and quality in the system, they can receive what  
we call an incentive payment or basically a rate increase or, you know, funding to  
basically support their premium. And so we're still designing this program. The

1 procurement did ask carriers to give their thoughts on ideas. They definitely -- you  
2 know, I think a big piece is aligning with Medicaid. Managed care is a big piece. So  
3 we'll be looking at what efforts we're doing and just like in the individual market, we  
4 still, we lack primary care access, we lack, you know, sufficient, adequate maternal  
5 health and childcare or child and infant health services, in addition to behavioral  
6 health access for behavioral health care. So those are the three areas we're looking  
7 at creating some quality incentives to really help improve the private market as well.  
8 The last one, it probably won't see being implemented until Year 4 or later,  
9 depending on -- you know, if we get more money than we expected, that's great, but  
10 we're trying to be conservative, but the Governor recommends spending the  
11 additional money like a waterfall effect, right? So, reinsurance will be paid first, then  
12 the quality incentive and then if there's anything left, goes to practice in Nevada. And  
13 this would be really a loan repayment program that would go to providers who  
14 commit to staying in certain underserved areas of the state for at least three to four  
15 years. We're still kind of refining some of those timelines, but they won't be eligible  
16 for the loan repayment unless they commit and sign a contract that they will serve  
17 several years in an underserved community, which is really the whole state at this  
18 point. If you look at our map right now, every county is a health professional  
19 shortage area in almost every type of professional. So, this last program here, if we  
20 were able to really invest a lot of money in, would be really, I think, helpful to our  
21 providers. And the last one here is something that came out of the negotiations with  
22 CMS is if there are any offsets in the market, so if some of the premiums go up and  
23 consumers can avoid that premium increase, we will be subsidizing those additional  
24 premiums down as well. Next slide please. This is just a visual of kind of what I just  
25 talked through. So, we will be funding that premium relief program first and then  
whatever funding is left over goes to reinsurance. Like I said, Year 1 and 2 is really  
going to be premium relief and reinsurance, and then Year, you know, 3 and 4, we'll  
start to see the quality incentive payment program having enough funding for that,  
and then later we'll have enough for the Practice in Nevada program. There's about

1 \$300 to \$500 million over the five years of the waiver that we are estimating. Now,  
2 everything is based on actuals, so we'll have to see how rates come in each year and  
3 work with CMS and our actuaries to kind of go back and forth about how much does  
4 Nevada get, how much are we owed. So that's, you know, going to be a continuing, I  
5 don't know how to put it, a back and forth with CMS. It can be kind of exhausting,  
6 but I think we do have really good actuaries who can help us through that process.  
7 Next slide please. Colorado, they have a very different model. I would just know --  
8 and they are seeing their model start to finally show some progress, but theirs is very  
9 different. They did a premier reduction across all carriers in their market, and they  
10 did it in a regulatory approach, right, so if you want to be licensed and operate, you  
11 had to lower all your premiums down. They had all these different formulas too.  
12 Ours is really tying it to our major carriers who are, have the major bulk of business in  
13 Medicaid as leverage, it's not all carriers. But the reinsurance program that we are  
14 operating is similar to Colorado, is where it will be available to all carriers in the  
15 market. Next slide please. Next slide. Sorry, Todd, put these slides together. I'm  
16 used to my own deck, so I'm not used to reading someone else's deck. So just to kind  
17 of recap, you know, there are some different things to note. So, the Battle Born plans  
18 will look very much like our QHPs. The only real difference here is that they met a  
19 target, which was about 3 percent reduction compared to the benchmark plan from  
20 the year before, and they agree to do certain marketing and outreach to consumers  
21 to get people enrolled, they also agree to do certain quality activities as well as value-  
22 based payment design and working, and they have a contract with the state. And  
23 they will be offered for sale in the Nevada Health Link. They still have to get their  
24 rates approved through Division of Insurance, which that process will start here very  
25 soon. They are going to be required to offer at least one bronze. Well, the silver  
must meet the target, the premium reduction and along with a gold and a silver  
product in each rating region. And then the premium reduction, like I mentioned, is 3  
percent essentially over each year. The reinsurance program does help offset that  
reduction. Depending on how high carriers premiums were for the benchmark year,

1 that reduction can be a lot larger for some carriers. So the reinsurance program is a  
2 helpful way to kind of lower and mitigate that impact on the carrier. I would just  
3 note that in the contracts, there is language in there that basically says that they  
4 cannot offset all of their reduction onto their providers or there has to be on their  
5 administrative side as well, and it can't come out of certain consumer outreach and  
6 education activities. We still haven't put out guidance, but we are going to look at  
7 putting out guidance around what does that provision mean and getting feedback.  
8 So, I'd like to bring some of that to this group because one area would be ensuring  
9 that brokers aren't losing funding, right, so some of those pieces we want to bring  
10 back to this group and get feedback before we finalize guidance on that. But the goal  
11 is that they would split some of that loss for them on both sides of their medical  
12 spend of the premium as well as their profit side of their premium and their  
13 administrative costs. Next slide please. There are certain network adequacy  
14 requirements. They must prioritize contracting with what we call essential  
15 community providers and Medicaid. This is our rural hospitals. This is our FQHCs, our  
16 federally qualified health centers. It's really trying to align people coming off the  
17 Medicaid program are going back and forth depending on their job situation and their  
18 economic situation, but it really provides some of that continuity is the goal there.  
19 But also to improve the networks for individuals, especially in some of our hard to  
20 reach areas of the state, they also have to report on, you know, improving access to  
21 quality, culturally competent and value-based services for providers, and they have to  
22 also put together a plan to do this work and then let us know how that's going. The  
23 other piece here is provider and reimbursement. In the bill there is a floor where  
24 they can offer rates that are lower than Medicare, it has to be comparable to or  
25 better. We are going to be putting together a process where providers can notify us  
if they think their rates are not compliant with this requirement so we can take action  
under the contract to penalize a carrier or do a review with the carrier and DOI but  
right now, in the contract, they have to notify all of their providers that this is a  
requirement so the providers know. And all providers, just so you know, there is a

1 requirement that providers also participate at least in one provider network for BBSP  
2 in their area. And then marketing and outreach, they're required to promote  
3 marketing and consumer outreach for their BBSPs, as well as the Exchange, and they  
4 will develop these consumer outreach campaigns for us to review and walk through.  
5 I'm happy to bring some of those to this group if that's helpful. Next slide please.  
6 And next slide. So right now, we are in the process of, like I mentioned, trying to get  
7 the contracts done. The waiver process was really a long process. I don't think I've  
8 ever been through a waiver that long with the federal government. It was pretty  
9 intense. The start date hopefully will be March 31st or right after April BOE. I think  
10 at this point we're looking at sometime early April because of the Board of Examiner  
11 date. They're then going to do like every other carrier and be submitting their rates  
12 to DOI for review and approval. Once those rates are approved, they'll be working  
13 with the Exchange on these products like they are with any of their other products  
14 that they offer. Many carriers will probably still be offering other products, these will  
15 just be submitted the same. And then these products are supposed to be billable  
16 under state law for plan year starting January 1, which is really, you know, October 1,  
17 open enrollment period, but the coverage date is effective January 1, 2026. Next  
18 slide please. So this piece here is just walking through really kind of the next steps  
19 with DOI and the rate submission. We are hoping for at least a 35 percent take-up  
20 rate, and we are assuming that given the lowering of the premiums that, you know,  
21 we have seen that is capable, that this is probably an easy target to meet but we'll  
22 have to see if that happens. We do know we'll have sufficient funding for the  
23 complete reinsurance program that we have agreed to with the federal government.  
24 We do hope that it will, over time, lower healthcare costs or at least start to drive  
25 some of that trend down over time and the other piece I think is the more exciting  
piece is really the opportunity to reward carriers that are working on quality and that  
are creating those types of incentives in the marketplace with their providers and  
looking at recruitment for new providers. Once we get the rates, that's when we'll be  
working with CMS on actually how much we can get back in passthrough funding.

1 Next slide please. This is something that was presented to DOI's Life and Exchange  
2 Board, but something we know as Todd Rich on our team will be leading going  
3 forward is really working with Division of Insurance Exchange and other partners,  
4 including carriers on education about what this is and how it works and once we get  
5 the contracts signed, we can really dive into some of that detail more, also working  
6 with brokers and ensuring that they understand and what their rights are too under  
7 the contract so if they feel like they've been negatively affected, how can we work  
8 together to make sure that that is not occurring. Obviously clear communication is  
9 important and collaboration amongst all of us, and then strong marketing efforts.  
10 Next slide. And that's it. That's the recap. Thank you, Tiffany. Any questions on that  
11 piece?

12 CLARK: Thanks Stacie. One question I had -- oh, I'm sorry. Do you  
13 want -- go ahead, Jonathan. I'm sorry I didn't see your hand.

14 JOHNSON: You can go first. I can wait.

15 CLARK: Okay. One question I had, and I just wasn't sure. Do you  
16 anticipate -- so you have a plan that's lower in price than the current plan that's on  
17 the market and is your expectation that the plan designs are exactly the same and  
18 they're just priced lower, or does the plan design change?

19 WEEKS: It can change the plan design, how they see fit to make the  
20 rate work. I think the important note, it's not necessarily price that's going down, it's  
21 trend, right? So it's a premium trend. So what we're doing is really lowering that  
22 trend over time for that second lowest silver and not necessarily saying prices go  
23 down cause as you know, prices are always going up. We're never going to be lower -  
24 -

25 CLARK: Right.

WEEKS: -- than we were two years ago. Yeah. Mm-hmm.

CLARK: Okay. Okay, thanks.

WEEKS: But they have the option to redesign their plan, but they  
have to take some of that out of their administrative costs too so it's not just on the

1 medical side.

2 CLARK: Because I mean, if it's a silver plan, it still needs to stay a  
3 silver plan, although --

4 WEEKS: It has to. Yep.

5 CLARK: -- it may just look a little different. Okay.

6 WEEKS: Yeah. Or they took some of the haircut on -- because they  
7 wanted the Medicaid managed care contract, they took a haircut.

8 CLARK: Gotcha.

9 WEEKS: Or something on their administrative spend or where --  
10 you know, there are reasons that plans did bid on this because, you know, they  
11 wanted also to bid on the Medicaid managed care product, which is worth billions to  
12 carriers.

13 CLARK: Yep.

14 WEEKS: And the Exchange is not worth billions to carriers.

15 CLARK: Right. Got you. Okay. Jonathan?

16 WEEKS: John?

17 JOHNSON: Yeah, my question was you made a statement about this is  
18 the reinsurance pool and how all carriers participate in that, even the ones that are  
19 not participating in the Battle Born Plan.

20 WEEKS: Doesn't mean they pay anything. That means they get  
21 paid something.

22 JOHNSON: Right.

23 WEEKS: Yeah.

24 JOHNSON: But I don't know, I kind of feel like if you're -- and I'm not  
25 an --

WEEKS: No, but we can't under federal law, just at the CMS would  
not allow us to only offer the reinsurance payments back, just to the carriers  
participating. It had to be to all carriers.

JOHNSON: It seems like the carriers that are participating and working

1 to get to the price reduction, perhaps they're taking additional risk in doing so, right?  
2 Less margin, right?

3 WEEKS: Yeah, but they're also getting the book of business of  
4 Medicaid in this state, which is a money maker, believe it or not, on the carrier side  
5 more than it is for the providers (inaudible).

6 JOHNSON: It's just a comment.

7 WEEKS: No, I know, but CMS won't allow states to only offer  
8 reinsurance to certain carriers, has to be to all carriers across the market.

9 CLARK: Mm.

10 JOHNSON: Okay. And that was the question, right, is there a  
11 requirement to structure it that way.

12 WEEKS: Yeah, we looked at that. I mean, the only problem with  
13 that is if there was offsets, you know, like, and that was kind of the Governor's  
14 approach was, like, we need to mitigate and stabilize any impact on the market and  
15 the reinsurance program by doing it across all carriers really ensures that stability. I  
16 think the reinsurance program is a really big important piece of all of this, and so  
17 that's why it's very critical to our waiver to make that funding work.

18 CLARK: Yeah.

19 JOHNSON: Thank you.

20 WEEKS: Yeah, thank you.

21 CLARK: Thanks, Stacie.

22 WEEKS: All right. Did we want to dive, was the Nevada Health  
23 Authority too on the agenda? I just want to make sure I wasn't --

24 CLARK: Yeah, that's right up next on the agenda.

25 WEEKS: Okay.

CLARK: So go ahead.

WEEKS: All right, I'm going to -- sorry, I like my slides. I'm going to  
share my screen again. Tiffany, is that okay if I share stuff that we didn't post, but we  
can post later, right?

1                   DAVIS:               Yes, that is correct. You are good to go.

2                   WEEKS:               Okay. I just want to share with you guys a couple slides

3                   CLARK:               It says you've started screen sharing, but there is -- it

4                   doesn't --

5                   WEEKS:               Oh.

6                   CLARK:               -- have any --

7                   WEEKS:               Let me try it again. Let's see. I apologize. There it is.

8                   Okay. Huh. All right, I'm going to try something else real quick. Oh, did it work now?

9                   CLARK:               Yep.

10                  WEEKS:               Okay.

11                  CLARK:               We can see it.

12                  WEEKS:               But this is a slide that -- I want to walk you through a

13                  couple slides that we shared with the legislature for the Governor's budget proposal

14                  about the reorg. So right now, for those of you who may not be familiar, we have a

15                  Department of Health and Human Services in Nevada, which is made up of many

16                  divisions: the Division of Healthcare; Financing and Policy, which I sit in, which is

17                  Medicaid; we also have Division of Children and Family Services, which is our welfare

18                  division; we also have Division of Welfare and Supportive services, which is all of our

19                  eligibility, SNAP, Medicaid eligibility enrollment, and childcare; we also have a division

20                  of public and behavioral health; and then we also have the Office of Analytics. We

21                  have a lot, a very large Department of Health and Human Services. So one of the

22                  things that the Governor was wanting to look at is how do we better align priorities,

23                  maybe take this big behemoth of an agency and divide it up into two more

24                  streamlined programs. So when looking at it, DHHS, there's two real services that

25                  we're providing where there's a payer as Medicaid, right, and oversight and fraud and

                  those pieces, and then there's also a more of a direct provider of services. The state

                  does provide certain healthcare services to individuals, the most vulnerable

1 populations. It also provides welfare and child welfare supports and services. So  
2 Department of Human Services really has become more of the provider, and that will  
3 be its new role and that's what the Governor's recommending that'd be more  
4 streamlined and efficient, and then the Medicaid program, DHCFP is being pulled out  
5 into a separate agency and brought together with other healthcare programs in the  
6 state, except for Division of Insurance, which is the regulator of the market. So it  
7 makes sense to have that separate. So as part of Nevada Health Authority, it'll be the  
8 SSHIX Exchange, and then our public employee benefits plan will all come under one  
9 umbrella, under one agency. The need obviously for the Health Authority is that in  
10 Nevada, our healthcare costs continue to go up. I think when looking at only the  
11 most current data I could find on Kaiser Family Foundation, we were one of the  
12 highest in the -- we were the highest in the country when it comes to annual growth  
13 rate in healthcare expenditures, which was pretty shocking to me. I knew we were  
14 high, but I didn't know we were that high. But also, you know, for the state budget, it  
15 continues to grow and one of the things that our public employee benefit plan does  
16 struggle with is actually good benefits and provider networks that work. And so one  
17 of the things that we're hoping is bringing all these entities together, we can better  
18 leverage our buying power with carriers to maybe get a better deal for our  
19 employees. We are also the largest spend, Medicaid's the largest spend, and State  
20 general fund is on Medicaid at 2.7 billion and by combining these, the state of Nevada  
21 will be covering one in three Nevadans across all programs. So it becomes the largest  
22 payer and purchaser of healthcare. The other thing trying to look at is how do we,  
23 you know, address all of the provider network issues that we have and so part of the  
24 new authority will include a real focus on workforce issues and GME, so graduate  
25 medical education program has been recommended that it comes under with  
funding. We're going to be looking at leveraging Medicaid dollars where we can to  
better maximize those funds to support providers, and we also are getting the  
healthcare quality and compliance unit from DDPH, which is the licensing entity for  
facilities and really trying to align the provider experience when their facilities are

getting licensed. You know, we have our own centralized credentialing now too. We're looking at how we can use that and leverage that broadly, and how do we make this a better experience for providers and really motivate more providers to join our networks. You know, and just the other issue, obviously, you guys probably know this, is that Nevada ranks in the bottom 10 of most healthcare rankings nationally. You know, I think there was one the other day for maternal and child health in Nevada is, like, one of the worst in the country at 49th. Um, so these are the things that we're trying to tackle. We know currently we are all working on access issues, cost issues, challenges with provider access, and by bringing us under one umbrella together, we think we can leverage our resources better and hopefully try to be less fragmented in this work and try to tackle this. On the side here is just the mission of the new authority. There is a budget bill coming out that will have a lot more detail, but it's confidential until it is. So, but this year is really aligning with that mission that's in that bill to really develop a sufficient provider workforce, secure affordable coverage support, more effective and efficient responsive healthcare systems, and to ensure long-term sustainability of our state programs by minimizing financial burden of healthcare on budgets, Nevadans, and public employees. And there's different ways to do this. Another opportunity I think we haven't really dug into, but we will, if this passes, is looking at opportunities, if we are moving some of the Medicaid eligibility through the Exchange, we can also be leveraging federal funds to help support the operations of the vendor and the technology that supports that eligibility enrollment system. So, it saves the Exchange money, saves carriers on their fees. The other thing we can look at is the Navigator program. If they're helping and supporting some of the Medicaid outreach, we can be matching that money as well and getting 50 percent of that cost federally funded. So, there's a lot of opportunity there to really leverage more federal dollars to offset some of the cost to the program for the Exchange, and the same for some of our other programs, but we're still looking at different opportunities. But the other last one here is just looking at different state purchasing and contracting strategies. In the budget BDR, there is a

1 requirement that this group and these agencies will work together to come back with  
2 and do some modeling in the interim with different vendors to come back with  
3 recommendations for any statute changes or any new state and purchasing and  
4 contracting strategies for the legislative session in 2027. This here is just a high-level  
5 org chart. I will say that a lot of things change during sessions so this could probably  
6 look very different in a couple months depending on where lawmakers want to go,  
7 but this is the starting point. There will be the director and then under that would be  
8 more of our operations staff, and then we'll have a new healthcare purchasing and  
9 compliance unit so this agency would have its own purchasing authority for  
10 healthcare coverage. It would include as well as I mentioned, the healthcare quality  
11 and licensing unit and a new Medicaid inspector general unit. One of the things that  
12 we're struggling with in Medicaid is fraud and provider fraud, and so really trying to  
13 really leverage some resources for that work and really bring that up and try to get  
14 more support for that with our new – we're hopefully going to get a new regulatory  
15 counsel to support that work, an attorney. We'll have our healthcare financing and  
16 budget team, so this will include all of our budgets. We are going to keep PEB and  
17 Exchange separate just because they're different funding sources and pretty unique,  
18 but we will be looking at ways to do cost allocation plans with them to maximize  
19 Medicaid federal dollars when we can. Nevada Medicaid would be a separate unit  
20 and under there is all the things that would stay with Nevada Medicaid. Some of  
21 those duties will be – like, the budget team will be moving over as well as the  
22 Medicaid Inspector General, some of that fraud work. So Medicaid, what is called  
23 DHCFP today will look a lot smaller in terms of as a division or an entity. And then  
24 there's the Consumer Health and Access Unit, which we have a lot of different things  
25 now that kind of work together around consumer health. The Exchange is obviously  
the biggest one, the biggest player, being sort of that portal to access coverage, to do  
marketing and health promotion, the Medicaid express, if we get that part passed  
and funded as well, that will be a big new piece to be lifting, improving access. There  
is a new office of mental health too in the Governor's policy bill that he is asking to

1 put under the Nevada Health Authority. The PPC is that Patient Protection  
2 Commission. So I don't know if any of you familiar with that group or maybe sit on  
3 that group, and I'm sorry if you do and I forgot, but that right now is reporting up to  
4 Medicaid and so we would be bringing that over with us and putting it under here.  
5 And that group really looks at a lot of the issues that are affecting access to care, and  
6 so really having that group advising some of this work would be important. The BBSP,  
7 the public option plans will fall under here and then like I mentioned, all the  
8 workforce stuff that we'll be doing around improving provider access. And then the  
9 last but not least is our public employee benefits team. They primarily, like the  
10 Exchange, will stay similar to the unit they are today, they will just be part of a larger  
11 umbrella that's working on similar strategies to improve healthcare in the state. This  
12 here is just walking through kind of high level of things I mentioned that are coming  
13 over. I didn't mention, but there are other programs coming under the umbrella.  
14 Office of Analytics is a big one. I think it was something the Exchange could really be  
15 leveraging in the future to really look at data and outcomes for individuals in the  
16 Exchange. We also will have an all payers claims database that was under us already.  
17 That will be coming over with us as well and that will be really something we can all  
18 leverage to really support understanding what's going on in the market across all  
19 markets cause right now we're very blind to what are providers getting paid, how is  
20 an individual experiencing healthcare in their region. By having that all payers claims  
21 database, we can get a better look and understand where are the gaps and what  
22 areas of our state are struggling and what maybe carriers or other issues are going  
23 on. So that one's exciting and I think is a really good, a good example of how putting  
24 these things together can really leverage these resources for everyone that's working  
25 on these issues. We have something called an indigent hospital care fund. This is a  
Medicaid supplemental payment program. It's currently coming over. It was under  
the director's office and the other department. I mentioned ACQC. We also are  
taking, which is called Aging Disability Services Division, they also are under DHHS  
today. We're only taking the individuals that do Medicaid provider oversight and

1 audits cause we'll be doing that work under this new umbrella. And then we're also  
2 moving over the counsel and developmental disabilities to ensure we have oversight  
3 of what's going on with many of the services that we fund for people with disabilities  
4 through Medicaid. The only other one that's missing on here is DWSS (phonetic) or  
5 the eligibility team. We're taking-- the Medicaid policy eligibility team will be coming  
6 over in this new Health Authority to help us work on the Medicaid express. And I  
7 know this looks like nothing to many of you, but this is all the widgets in the  
8 background, all the budget accounts, and all the pieces that are coming over, and  
9 that's everything we're working on with the legislature. So, I can share this deck with  
10 Tiffany so, you know, these slides are posted. And then these here just so, and I'll  
11 stop here, is really what's left under the Department of Human Services as more of  
12 that provider: Division of Welfare and Supportive Services is being renamed Division  
13 of Social Services to really remove any stigma that may be associated with sort of  
14 accessing social services today. And then I'm going to stop sharing. I think that's it.  
15 So, I know that's a lot. Any questions?

16 CLARK: Yeah, that's quite a proposal. Thank you so much for that  
17 report. That's very helpful, I think.

18 WEEKS: I didn't mention the advisory committees, but I know it's  
19 something I will say that probably should be discussed for the new Nevada Health  
20 Authority and kind of where those sit cause there is a lot going on and we'll need a lot  
21 of stakeholdering around that.

22 CLARK: Yeah. I see. I think that's a great idea.

23 WEEKS: Mm-hmm.

24 CLARK: Any questions or comments from anybody? So, what's the  
25 proposed timeline on-- how does it look in terms of the voting that needs to take  
place on this in the legislature?

WEEKS: Well, I think the way everything usually happens, is always  
in the last two months, so April and May, you know, like, or even maybe May.  
Everything kind of comes out at the very last minute, goes into the sausage machine

1 when it comes out. So, I think by the end of May, early June we should know where  
2 things stand. A lot of this is effective July 1, but in the bill we have an information  
3 we've put out is really putting together, you know, if it passes, working with every  
4 agency on a transition plan. I's going to take time and really being thoughtful about  
5 what that looks like. Obviously with the— even change our website, like, all the  
6 things that have to happen. So, we'll be putting together a pretty extensive transition  
7 plan and Todd Rich on my team, who will be leading a lot of that work across all the  
8 different entities that will be coming under this umbrella.

9 CLARK: Mm-hmm.

10 WEEKS: For the most part, the good news is I don't think any of us  
11 have to move offices and I know that sounds silly and maybe the last thing people  
12 think about, but for staff that's a big deal. So, we all get to stay in our same offices.  
13 It's not like we're trying to bring, you know, which is a good thing cause we've all had  
14 a lot of moves recently, at least some of us have, so—

15 CLARK: Mm-hmm.

16 WEEKS: -- that's the one silver lining is no one's going to hopefully  
17 have to move too big of a move or anything like that. 'm trying to think. There are  
18 changes. I should have mentioned this, it just wasn't in the, in the deck. There are  
19 changes in the BDR to the Exchange statute. Obviously, those are confidential until  
20 the bill is released, but once that's released, I'm happy to have Todd walk through  
21 that with you guys, and I think it should be out hopefully in the next two weeks.

22 CLARK: Okay.

23 WEEKS: Yeah.

24 CLARK: Thanks.

25 WEEKS: Yeah. Thank you guys.

CLARK: Any other questions before we move on? Great stuff.

Thanks, Stacie. Really appreciate that. Okay. Next up is Agenda Item 12, the  
Executive Director report providing updates on topics that cover matters of the  
Exchange. Take it away, Russell.

1 COOK: Thank you, Madam Chair. Russell Cook for the record. The  
2 purpose of this report is to provide information to the Board and public regarding the  
3 operational matters of the Exchange as well as state and federal updates affecting  
4 the operations of the Exchange and given the immensity of today's agenda, I'm  
5 keeping it relatively brief but I will be pausing after each section. Happy to answer  
6 any questions along the way or provide additional details or context if desired. Under  
7 general comments, in the two-month interim since the December 17th, 2024, Board  
8 meeting, the Exchange has been primarily focused on the completion of the plan year  
9 2025 open enrollment period, or OEP, the results of which will be detailed later in this  
10 report. Additional areas of emphasis included negotiations with technology vendor  
11 GetInsured to extend the Exchange's existing contract for technology platform and  
12 call center services; the submission of OEP related metrics to CMS in accordance with  
13 the Exchange's statutory reporting obligations; and analysis that CMS has proposed  
14 notice of benefit and payment parameters for plan year 2026. From my perspective,  
15 as the Exchange's Director, the completion of OEP also provides an opportunity for  
16 reflection. Having occupied this position for the last two open enrollment periods,  
17 it's my genuine belief that SSHIX continues to rank among the highest performing  
18 state-based marketplaces in the nation and I want to take this opportunity to thank  
19 the Board for their consistent support as we further our goal of improving every  
20 aspect of the Exchange's operations. I'm assuming there are no questions, please  
21 interrupt me if there are. I'm going to proceed in the name of expediency to the next  
22 section, which is the four-month look ahead. The first subsection is the plan year  
23 2025 special enrollment period. January 16, 2025, marked the beginning of the plan  
24 year 2025 special enrollment period, or SEP. From that date forward, Nevadans who  
25 wish to enroll in marketplace health or dental coverage for plan year 2025 must have  
experienced a qualifying life event, or QLE, in order to qualify for an SEP enrollment.  
Concurrent with the launch of 2025 special enrollment period, the Exchange modified  
the configuration of its eligibility verification rules with respect to a number of QLE  
leave scenarios, including the birth of a new child; marriage or divorce; and the loss

of minimum essential health coverage, for example, loss of employer-sponsored coverage. Historically, SEP enrollment windows for these scenarios were approved based on applicant's self-attestation. Going forward however, applicants reporting these event types will be required to provide supporting documentation before their SEP enrollment window will be approved. This change is part of the Exchange's overall commitment to improving program integrity. Next, I wanted to discuss CMS rule changes for plan year 2026. On January 13th on 2025, CMS released the final HHS Notice of Benefit and Payment Parameters, or NBPP, which details rule changes that will impact ACA marketplaces for plan year 2026. As is typical each year, our policy team is currently reviewing the final rule changes to assess their impact on the Exchange's operations. Among the applicable rule changes promulgated in this year's NBPPR: allowable cost sharing reduction or CSR loading. CSR loading practices, which entail the increase of premium rates to offset the cost of providing CSR benefits will be allowed when the adjustments are actuarially justified and follow state law; advancing health equity and mitigating health disparities. This rule will allow issuers to implement a fixed dollar amount premium threshold and/or a percentage based premium payment threshold, which will enable consumers to maintain their coverage even if they have not paid the full amount owed. In practice, this rule is likely to reduce the number of Exchange enrollments, which are terminated by issuers for non-payment of premiums. Increased transparency: CMS will begin releasing state marketplace operations data, including spending on outreach and additional open enrollment customer service metrics, for example, call centers and websites. In addition, the Trump administration intends to propose additional rules that will address program integrity for ACA marketplaces. Although this proposal was still under review by the White House Office of Management and Budget, the latest information available to the Exchange suggests that it will include more stringent verification requirements for SEP eligibility and might shorten the maximum allowable duration of the annual open enrollment period. Lastly, in the four month look ahead, I wanted to cover DACA eligibility changes. As of the date of this report,

1 the federal lawsuit regarding ACA eligibility for DACA recipients is ongoing and DACA  
2 recipients residing in Nevada remain eligible to enroll through Nevada Health Link.  
3 The Exchange will continue monitoring the progress of this lawsuit to ensure that  
4 Nevada remains in compliance with the latest federal guidance. So that concludes  
5 the four month look ahead. I will now pause to address any questions that the Board  
6 might have. All right, hearing nothing, I will move on to the next section which is  
7 open enrollment 2025. The plan year 2025 OEP marks the Exchange's most  
8 successful to date with 110,687 Nevadans enrolling in new coverage through the  
9 Nevada Health Link Marketplace prior to the January 21, 2025, plan selection  
10 deadline. This figure represents an 11.5 percent increase over plan year 2024 and a  
11 9.1 percent increase over the previous enrollment record set in 2022. The following  
12 chart illustrates the week-over-week enrollment trends versus the previous three  
13 plan years, and there is a line chart in the report. I'd be happy to share it on screen if  
14 you'd like. Madam Chair. It is essentially a continuation of the line chart that we  
15 provided in December, but again, if you'd like me to share it, happy to throw that up  
16 on the screen. One of the main points that I wanted to illustrate with the chart is that  
17 26,852 of 2025 selections represented new enrollees who did not have health  
18 coverage through Nevada Health Link on or after November 1st of 2024 and that's up  
19 from 25,553 new enrollees in 2024, more or less comparable number, and 19,410  
20 new enrollees in 2023. This suggests to the Exchange that while our marketing  
21 efforts are clearly having a positive impact on brand recognition and ACA awareness  
22 and literacy throughout the state, the retention of 2024 enrollees, based in part on  
23 this year's all-time high renewal success rate of over 99.9 percent, also played a  
24 significant role in 2025's record enrollment numbers. In addition to the 110,687  
25 health enrollees, 21,836 of whom also enrolled in dental coverage through Nevada  
Health Link, 2,264 Nevadans enrolled in dental coverage only, for a total of 112,951  
new Nevadans who enrolled in health and or dental coverage for plan year 2025. I'm  
going to pause again. Happy to entertain any questions from the Board.

CLARK: That's a really interesting exhibit there. Thank you for

1 sharing that. Congratulations on a great year. That's really good news.

2 COOK: Thank you. Well, I would cite incremental changes in every  
3 area of our operations and certainly that owes a great deal to our statewide network  
4 of enrollment professionals. This year we exceeded 70 percent in terms of the share

5 CLARK: Oh, good. Good to hear. Thanks.

6 COOK: Absolutely. My pleasure, Madam Chair. Russell Cook  
7 again for the record. The next section of my report is 2025 legislative session  
8 updates. Thus far in the 2025 legislative session, the Exchange is tracking two bills,  
9 which could have a significant impact on our operations. The first is Senate Bill 97,  
10 which is sponsored by the Senate Commerce and Labor Committee. This bill, which  
11 was highlighted in my December Executive Director's report to the Board, aims to  
12 extend QHP and QDP eligibility to certain categories of undocumented immigrants.  
13 This change would require the configurable modification of the Exchange's lawful  
14 presence verification functionality. Last Friday, February 14th, the Exchange  
15 submitted a fiscal note to the legislative counsel bureau to confirm our assessment  
16 that the \$1 million appropriation specified in the bill text should be sufficient to cover  
17 the costs of bill's implementation requirements. The second is a forthcoming bill  
18 draft request, or BDR, related to the proposed creation of the Nevada Health  
19 Authority. Because the Nevada Health Authority was addressed by the previous item  
20 on today's agenda, I will forgo a detailed explanation in this report for the sake of  
21 brevity. However, I would like to underscore my enthusiastic support for the benefits  
22 that the initiative aims to provide to all Nevadans, particularly those whose health  
23 coverage depends upon effective collaboration between the Exchange and our  
24 partners at Nevada Medicaid. Lastly, the Exchange will be called upon to defend its  
25 agency budget to the legislature, and our first budget hearing is tentatively scheduled  
for Monday, March 24th. Among the enhancements in the Exchange's budget are  
requests for two new staff positions. One is for an additional plan certification  
position, which is meant to offset consistent increases to our plan certification

caseload in recent years, and the other is for a full-time tribal liaison, which will bolster the Exchange's ability to continue expanding our tribal partnership program. Again, I'll pause for any questions from the Board. All right, hearing no questions, I'll keep it rolling. The next section is an update on our tribal partnership program. The Exchange continues its focus on furthering the tribal partnership program, which is now entering its third year. In December, we were invited by Stacey Montooth, Director of the Nevada Department of Native American Affairs, to sponsor the Biannual Tribes Day at the Nevada Legislature on Tuesday, February 11th. In addition to staffing and navigator booth at the event, the Exchange was offered the privilege of presenting an overview of the benefits available to American Indian and Alaska native, or AIA, enrollees through Nevada Health Link, which provided a rare opportunity to address representatives from numerous tribal government councils throughout the state. The presentation included an overview of the Exchange's forthcoming tribal partnership initiatives such as our goal of partnering with the native photographer to capture professional quality photo and video assets at tribal community events throughout the state, as well as our intent to engage members in Nevada's tribes to translate our fact sheets, resource guides, and future publications into their native languages. After the presentation, I spoke with several representatives who were interested in learning more about the Exchange's commitment to Nevada's 28 federally recognized tribal nations and based on their feedback, it's my belief that the information we provided was favorably received. In my estimation, the Tribe's Day event marked a significant and meaningful milestone in our continued efforts to build community trust amongst our tribal partners. Perhaps the most encouraging sign related to the Exchange's tribal partnership program was identified in our post OEP analysis of plan year 2025 enrollments. Following the conclusion of the plan year 2024 OEP, or about a year ago, the Exchange had 774 self-identified, AIAN applicants enrolled in health coverage in Nevada Health Link. In 2025, that number climbed to 1,033 AIAN enrollees, representing a 33-percent increase over the last year. Again, I'll pause for any

1 questions from the Board. All right, hearing no questions, I want to provide an  
2 update about automatic voter registration. As indicated in the December Executive  
3 Director's report, the Exchange worked diligently in the fourth quarter of 2024 to  
4 finalize the Exchange's implementation of the automatic voter registration, or AVR,  
5 reporting requirements defined in NRS Chapter 293 and that goes back to AB 432  
6 from the 2021 legislative session. However, in December, representatives for  
7 Nevada's Division of Welfare and Support Services, or DWSS, who like the Exchange  
8 were named in AB 432 as an automatic voter registration agency, raised concerns  
9 about their statutory authority to share Medicaid applicant information with the  
10 Nevada Secretary of State. Although the Exchange had successfully tested its  
11 implementation of the AVR system, DWSS' concerns prompted us to initiate a care for  
12 review of our statutory authority to share marketplace applicant information. Our  
13 preliminary findings suggest that the Exchange does not in fact possess the statutory  
14 authority to share applicant data with outside agencies unless special approval is  
15 granted by CMS. We are unsure why this particular issue was not investigated in  
16 more detail by the Exchange's leadership during the 2021 legislative session,  
17 however, our current priority is to safeguard the Exchange from any potential liability  
18 that could result from reporting Nevada Health Link applicant data to the Secretary of  
19 State before clarification is received from CMS. Guidance from CMS seems to be on  
20 hold at present pending the establishment of the newly appointed leadership, so the  
21 Exchange has made the decision to put AVR reporting on hold until further  
22 clarification can be obtained. Again, happy to answer any questions the Board might  
23 have. All right, hearing no conclusions, I'll conclude my report -- I'm sorry, hearing no  
24 questions, I will conclude my report with personnel updates. During the week of  
25 February 10th, 2025, the Exchange interviewed for well-qualified candidates for the  
position of plan certification manager, and we anticipate selecting one of these  
candidates by this Friday, February 21st with a goal of filling the position by early  
March. This will leave the Exchange with one remaining vacancy, an administrative  
assistant position in our Henderson office, the recruitment for which was placed on

1 temporary hold in January pending completion of the open enrollment period. We  
2 anticipate opening this recruitment in late February or early March with the goal of  
3 filling the vacancy in late March. That concludes my Executive Director Report, and I  
4 would be happy to answer any questions the Board may have.

5 CLARK: Thanks, Russell. That was excellent. Good information  
6 and I appreciate all of that. I don't personally have any questions. I think it's all very,  
7 very informative. Anyone else have any questions?

8 JOHNSON: No. Thank you, Russell.

9 CLARK: All right, thanks again. Next item is our marketing and  
10 outreach update presented by the Exchange and marketing partner, the Abbi Agency,  
11 and I see you there, Connie.

12 ANDERSON: Hi, good afternoon, everyone. I know Katie typically reads  
13 an overview, but I don't believe she's going to do that today so I'm going to dive into  
14 our presentation of our marketing efforts for the last OEP campaign. Okay, again,  
15 Connie Anderson with the Abbi Agency for the record. I'm here today to present an  
16 overview of the marketing campaign for the most recent open enrollment period. All  
17 the efforts in the report that you'll see today was prepared by our team and then our  
18 contractors that we work with, Marketing for Change, and then Ericka Aviles  
19 Consulting. As you'll remember, in October, our team presented to you a bit of a  
20 strategy shift for the Nevada Health Link Marketing overall. We've all heard on this  
21 Board meeting that there's a lot of changes in health insurance in the industry on a  
22 statewide level and then on a federal level. So, what our team wanted to do was to  
23 create what we would consider Evergreen strategy and then an enrollment strategy.  
24 So those are two marketing strategies that will work together to make sure that  
25 Nevadans, whether they're current consumers of the Exchange, whether they're  
people moving into the state, whether they're individuals who are on Medicaid and  
perhaps rolling off and need access to the Exchange, or if there's somebody who's  
lost a job, things like that, we want to make sure that they know four key things  
about Nevada Health Link and those things are that: they have great access to name

1 brand health insurance; savings; assistance -- or they have free assistance; and then  
2 subsidies, right? The financial help that shopping on the Exchange provides. So that  
3 Evergreen campaign will be going year-round in marketing for Nevada Health Link,  
4 but then throughout different times of year, such as open enrollment, we have very  
5 specific marketing enrollment campaigns. We're encouraging individuals to enroll  
6 right now. So, I'll show you a little bit different of those creatives advertisements and  
7 how they look in a moment but first, as Russell mentioned earlier, there was over  
8 110,000 enrollments, which our team is very, very happy about. That means that we  
9 are reaching people where they're at. One way that we're always measuring  
10 ourselves is looking at research. We want to make sure that the marketing that we're  
11 doing of course is leading to enrollments, but that it's helping to drive people along in  
12 their decision-making process, that it's help increasing awareness of Nevada Health  
13 Link overall. We have since the open enrollment period ended on January 15th, as  
14 you all know, it's just been over a month, so we have a few surveys that are just  
15 coming out of market and that we are working on analyzing with our partner  
16 Marketing for Change right now. So, these are some high level insights. We are  
17 working with the Exchange team and presenting them quite a bit of results from  
18 these surveys as we go on throughout this month, but right now we wanted to share  
19 that looking at our large survey that we do after open enrollment where we survey  
20 3,000 Nevadans, we found that people who saw Nevada Health Link advertising rated  
21 it as much more -- they rated Nevada Health Link much more favorably than those  
22 that didn't. So that's good news. That means that people who saw the advertising  
23 had positive feelings about Nevada Health Link. We saw that there was a little bit of  
24 increase in people who were looking for health insurance throughout this open  
25 enrollment and/or were making plans to get health insurance. All of that's very  
positive. We obviously saw that in the enrollment numbers, but it means that some  
of that advertising I mentioned, that enrollment advertising, is encouraging people to  
actually look at health insurance. Finally, a survey that we do also after open  
enrollment is we talk to the consumers who enrolled. So that 110,000 people that

1 enrolled, we try to understand what motivated them to enroll and how likely they are  
2 to be a net promoter, so promote Nevada Health link to other consumers, to their  
3 friends and family. So, this is really word of mouth marketing, and we've seen that  
4 steadily year over year, that net promoter score, so individuals who are already on  
5 Nevada Health Link, who are likely to promote that to someone else has increased.  
6 So that's all very good news. It means that the advertising they're seeing, the  
7 experience that they're having with Nevada Health Link in the Exchange is positive  
8 and they're likely to talk to somebody else about it. I mentioned earlier our creative  
9 concept of the Evergreen and enrollment specific marketing advertising. So you'll see  
10 some of these Evergreen assets here. Again, we focus on our four unique value  
11 propositions of savings, selection, free assistance, and name brand health insurance.  
12 This is an example of a carousel ad that you might see on Instagram or Facebook  
13 where someone can scroll through and look at all of these little panels. And then of  
14 course, anytime they click on it, they would go to the Nevada Health Link landing  
15 page for open enrollment. Here's another iteration of this where again, we focus  
16 much more on enrolling now. We have many calls to action that say enroll now, we  
17 have calls to actions that are focused on premiums as low as \$10 a month, and then  
18 see your savings. We did, again, depending on the consumer and where they're at on  
19 the journey, we want to make sure that we're providing them with a large -- with a  
20 lot of assets that look very similar, but have slightly different messaging. This allows  
21 us to 1, A-B test and see what messaging is driving people to enrollment and then if  
22 an ad didn't catch a consumer the first time, and make them want to click through,  
23 maybe a second ad with a slightly different message. So, for example, this one  
24 focusing on joining nine out of 10 other Nevadans who've saved on health insurance,  
25 that message may get them to click through. I believe I showed you the video in our  
last Board meeting. So, it's linked in here and you're welcome to look at that video  
again. We created the video, I think in, oh, gosh quite a few sizes this year, probably  
two dozen or so sizes, just to make sure that if individuals were seeing this on the  
broadcast TV on their phone and different out-of-home areas, they were seeing a

1 video that fit well. Okay. Paid media. This year we were very excited to have this  
2 both Evergreen campaign as well as enrollment specific campaign because it allowed  
3 us to be very targeted in who we were talking to, and then it allowed us to really use  
4 a lot of data. As individuals were enrolling throughout open enrollment, we were  
5 able to see which zip codes individuals were enrolling in where subsidy eligible  
6 individuals were, and perhaps they weren't enrolling as high as previous years or  
7 where they were outpacing enrollment from previous years and through our digital  
8 media, we were able to adjust our spend to find areas where individuals maybe  
9 weren't enrolling at as high of a pace as previously or in areas where things were  
10 working to amp up those efforts and make sure that we were reaching all of the  
11 consumers that we're able to. This year you'll see that one thing we're always  
12 focusing on is trying to understand how our ad spend is resulting in enrollments. So  
13 overall, our ad efficiency or budget efficiency this year was a 29-percent increase of  
14 last year, meaning that the cost per enrollment, if we took everyone who enrolled  
15 and then divided it by our media spend, we've decreased that. So, it's just about \$10  
16 per enrollee this year on our media spend, which is overall, I think, a great cost and  
17 something that we're always looking to decrease and happy to have done that this  
18 year. Wanted to share on our traditional media value or traditional paid media. We  
19 spent \$400,000 and we had 44 million impressions throughout the state of Nevada.  
20 So those impressions were things on such as billboards, digital, out of home,  
21 broadcast, tv, radio, et cetera. Additionally, we had \$120,000 in total added value.  
22 So that is negotiation for us to get free places. So, on a billboard, they may quote a  
23 certain rate. Our team will ask for additional runtime on those billboards at no extra  
24 cost, again, making sure that we're driving the budget efficiency and driving the  
25 budget as far as we can. So, this year we had \$120,000 of total added value across  
our traditional and digital spends, which is up from last year as well. From a digital  
media perspective, we spent 419,000, so a little bit more on digital paid media than  
we did on traditional. Here are some of those high level KPIs, or key performance  
indicators, that our team is always looking at to make sure that we are staying within

1 industry standards for these and that, of course, we're looking at the funnel of  
2 conversion and making sure we're driving people from total impressions, did they see  
3 the ad into clicks, and then of course, conversion as far as enrolling into health  
4 insurance. On our paid media digitally, we're able to really track English versus  
5 Spanish results so you'll see here that we do split the budget. There is more focus on  
6 English advertising, but we do quite a bit of Spanish digital advertising targeted  
7 towards households where Spanish is the primary language. Overall, the numbers as  
8 far as those key performance indicators, clicks, click through rate, and cost per click  
9 are very similar. Sometimes when you target specific languages, one language can  
10 get very expensive, but we're happy to see that these are well within the industry  
11 standards and very similar to each other. This year the Abbi Agency, working with  
12 Nevada Health Link, created a new landing page for the open enrollment efforts.  
13 That landing page is where all of the advertising drove to. That landing page very  
14 much mirrored the animated approach, and it had a lot of interactive elements for a  
15 consumer so that as they were scrolling through, different elements were popping  
16 up, information was popping up, and we were driving them further down the journey  
17 of deciding if they wanted to get health insurance and then providing them access to,  
18 whether that's free assistance through a navigator or broker, or directly to the  
19 enrollment platform. Overall, the Abbi Agency has continued to update the website  
20 with the Exchange team as well. One of those key improvements was launching an  
21 accessibility update right before open enrollment period. So that accessibility update  
22 changed alt tags for photos, updated some of the text sizing and coloring to make  
23 sure that individuals coming to the website could access and see all of the  
24 information there. Overall, the accessibility score increased by 30 percent and we are  
25 about to launch a new accessibility update soon as regulations continue to change.  
When we look at our web analytics for the open enrollment period, you'll see that  
we're looking at year over year. When you look at these percentage wise here,  
overall, you'll see that there's a few less individuals coming to the page, but they're  
spending more time there and they're bouncing less. What that means is that maybe

1 less people are on the page, but the right people are on the page. They're spending  
2 the time there to understand more about Nevada Health Link, how to get enrolled,  
3 and fewer of them are bouncing away. A bounce is if somebody comes to the  
4 website and then leaves immediately. So that's good news that we're targeting the  
5 right people, bringing them to the site, and then they're on the site finding the  
6 information they need. This shows you how individuals are getting to the website.  
7 Two-hundred and twenty-nine thousand visitors to the website got there directly.  
8 They typed in Nevadahealthlink.com. A hundred and ninety-three got there via  
9 organic search, so that means someone went to Google or Bing or another search  
10 platform and typed in Nevada health insurance. Maybe they typed in Nevada Health  
11 Link, maybe they typed in find cheap insurance in Nevada, any of those search terms  
12 and that brought them to our site. Those are the two biggest, so I'll just talk about  
13 those when they were on the site, we'll see that we had quite a few people on the  
14 homepage, and then through the portal pages, so that's the  
15 enroll.nevadahealthlink.com pages. Demographics of those on our website, we often  
16 find that this lines up with quite a bit of the enrollment stats. So, demographics  
17 individuals from 45 to 54, and then 25 to 34 were our two highest user groups on the  
18 site. Not surprisingly geographically, Las Vegas is the largest demographic to visit the  
19 website. You will see some California cities on here. This can happen if somebody's  
20 traveling back and forth between the city and they're using their cell phone. Their IP  
21 address could be picked up in different areas. We're always looking at this to make  
22 sure that there isn't a lot of Californians, but again it is most likely because of  
23 individuals traveling back and forth between California and Nevada and then using  
24 their cell phones. We see mobile usage on the site is quite high, higher than desktop,  
25 and so their cell phone is pinging in California or identifying as a California IP address,  
even if they're in Nevada. One thing that I mentioned earlier is that the second  
highest way people are getting to Nevadahealthlink.com is through organic search.  
The best way that we can impact people coming to the site through organic search is  
through doing SEO, so search engine optimization. That's us identifying what search

1 terms people are putting into Google or Bing, and then making sure that those words  
2 are throughout our website in ways that are organic and authentic, and so that the  
3 pages on Nevada Health Link come up in search. So, you'll see here that these search  
4 terms are things that are often typed in, and then people are going from those search  
5 terms to our website. These rows highlighted in red are search terms that our team  
6 very much worked on through our blog, as well as the overall website efforts to make  
7 sure that we are ranking higher and moving into higher positions. So, you'll see that  
8 two of these we moved into position one, one we moved into position two, and then  
9 we're still working on Nevada Rural healthcare. We have jumped in that. We're on  
10 the first page when people are searching that, but we'll continue to work on that  
11 search word. Here's some stats about the blog performance overall. One thing that I  
12 think is very interesting is that users who were on the Nevada Health Link throughout  
13 open enrollment, if they visited a blog page during that time, they were shopping for  
14 health insurance, they converted 18 percent of the time versus individuals who didn't  
15 go to the blog only converted 10 percent of the time. So that means the blog  
16 provided a lot of substantial information to individuals who had questions and  
17 encouraged them to enroll. So, it's always nice to see that the content on the site is  
18 helping to drive people to enroll. We also do newsletters throughout open  
19 enrollment. Our newsletter process, we are always looking at best standards and  
20 practices and making sure that we're taking into account all the federal rules about  
21 emailing individuals. So, you'll notice that we sent fewer emails this year and  
22 newsletters to consumers just to make sure we were in alignment with data privacy  
23 policies, but when we sent those newsletters, we had higher open rates and click  
24 rates, meaning that the content that was being delivered to them was relevant.  
25 Moving into public relations. Public relations is a very key part of our work with  
Nevada Health Link. We're always making sure that we're working with the media,  
working with community partners to help get the news out. I talked about word of  
mouth earlier, but news, the news stations, newspapers can help us do that. This  
year we hosted a press conference in Southern Nevada to kick off open enrollment.

1 We had some great community participation at that event, and then that kicked off a  
2 variety of interviews, follow-up press releases from our team, and pitching, which led  
3 to 257 total placements during open enrollment. Community engagement is a  
4 critically important part of the outreach to Nevadans to make sure that year-round  
5 they're seeing the Nevada Health Link brand in their communities. Our team works  
6 with Ericka Aviles Consulting and of course the Navigator Program at the Exchange to  
7 execute these events. So throughout open enrollment this year, we attended 86  
8 events, we sponsored 15 of those events, and then via our estimations of those  
9 individuals, navigators who were on site touch, nearly 50,000 event attendees at  
10 those events. Here's some pictures of some of the multicultural outreach and  
11 communications that was done throughout open enrollment. You'll see that we had  
12 interviews across a variety of Spanish radio stations, and then continued to do posts,  
13 social media posts in Spanish, PSAs with Rosa, and then work to develop the OEP  
14 toolkit and share that with individuals throughout open enrollment. Finally social  
15 media. The social media account has grown substantially. This open enrollment we  
16 have very much focused on video views, making sure that we are driving engaging  
17 videos and providing helpful videos to Nevadans, and then we've worked with  
18 Nevada Health Link's team both at events and then within the office in Carson City  
19 and Las Vegas to get real pictures of the Nevada Health Link team. Those often  
20 perform best. You'll see here that when we look at some of these partner  
21 collaborations: we worked with the Tahoe Night Monsters, which is a hockey team in  
22 Northern Nevada; we worked with partners throughout the county down here, Clark  
23 County; Northern Nevada Public health; and then different events to make sure that  
24 we're sharing our posts, they're sharing our posts, and we're really reaching new  
25 audiences on social media. Here is our overall social media results for this open  
enrollment compared to last year. You'll see here I mentioned that we did have a  
great year. Impressions were up 500 percent, we had 60 percent increase in  
engagements, we grew our audience by 65 percent, and then our videos view saw  
700 percent increase, so those are all great numbers. Here is, I know this is in your

1 packet, but some examples of some of the different posts and videos that got quite a  
2 bit of engagement throughout open enrollment. Thank you so much. The Abbi  
3 agency team and our vendors are so honored to work with Nevada Health Link, and  
4 we're so excited that we had a record-breaking year, and I'm happy to answer any  
5 questions.

6 CLARK: Awesome. Thanks, Connie. As usual, you guys do a very  
7 thorough job and it's very interesting information and definitely had a great year. It's  
8 very exciting to see. Anyone have any questions for Connie? I think you did a good  
9 job of explaining everything, so I'm not surprised, but we do want to express our  
10 appreciation and just thank you for a great job this year, and you and the staff just  
11 really knocked it out of the ballpark, so we're very, very happy.

12 ANDERSON: Thank you so much.

13 CLARK: Okay. If there's no questions, I will move on to the next  
14 Agenda Item, which is for possible action topics, dates, times, and agenda items for  
15 future meetings. Does anyone have any requests for any agenda items? I know we  
16 are going to put Sam Kumar's committee idea on the next agenda. I definitely of  
17 course would like to have updates on the Nevada Health Authority and the Battle  
18 Born state plans that we've been discussing, so hopefully we can put that on the  
19 agenda. Anything else that anyone else can think about? Thanks, Stacie.

20 COOK: Madam Chair, Russell Cook for the record. I was tracking  
21 an update on the Equifax VCI service, just an updated analysis as well as the  
22 previously discussed policy for vision carriers.

23 CLARK: Yep.

24 COOK: So that will be certainly on the agenda.

25 CLARK: Yep. Awesome. Thank you. Okay. Seeing nothing else we  
can -- oh, do we have to vote on that? It says for possible action. Radhika, do we  
need to vote on that?

KUNNEL: Vote on which one, Madam Chair?

CLARK: Where it says topic states times and agenda items for

1 future meetings, and we've just thrown out a few things that we confirm we want to  
2 discuss. It says for possible action there, so I didn't know if that is something we have  
to vote on.

3 KUNNEL: This is Radhika Kunnel for the record. Madam Chair, I did  
4 not hear anything that's new. I heard Russell bringing up what's already been voted  
5 on and am I missing anything, like I did not hear anything new during the  
conversation?

6 CLARK: No, it's all everything we've discussed already so.

7 KUNNEL: Okay. Well then maybe not. Yeah. Thank you.

8 CLARK: Fantastic.

9 COOK: Russell Cook for the record. I think usually we just vote on  
10 the date and time of the next meeting just to nail that down. Tiffany, please correct  
me if I'm mistaken though.

11 CLARK: Okay.

12 DAVIS: There are times when we have, and times when we  
13 haven't. That's swung both ways. I would like to just mention that Dr. Sarah  
14 Friedman needs to be taking off here in just a minute so if we are going to make any  
15 motions, let's maybe speed things along cause then we will lose our quorum when  
she leaves.

16 CLARK: Yeah, I think we're good to go. Thanks so much, Sarah.  
17 Appreciate everything today. Okay, and next step is public comment.

18 DAVIS: Madam Chair, Tiffany Davis for the record. Happy to help  
19 facilitate that. Just a reminder for those who have joined us that please keep your  
20 public comments to two to three minutes, and please state your name for the record  
21 before presenting your public comment. And I'll go ahead and go to our Carson City  
22 conference room. Kassie, do we have anyone in our physical location who would like  
to make a public comment at this time?

23 FUENTES: This is Kassie Fuentes for the record. There is no public  
24 comment here in the Carson City office. Thank you.

DAVIS: Thank you for confirming, Kassie, and then online, if any of our attendees who have joined us would like to make a public comment, please as a reminder, raise your electronic hand feature on Zoom, and we will call your name and you may unmute yourself to make public comment. Do we have anyone who would like to make a public comment online at this time? And, Kaitlyn, do you see anyone with their hand raised for the record?

BLAGEN: Kaitlyn Blagen for the record. No, Tiffany, I don't see any hands raised or anything in the chat at this time.

DAVIS: Great. Thank you for confirming that. And then on the phone lines, if anyone has joined us by calling in, you may go ahead at this time and unmute yourself and provide your public comment. Madam Chair, not hearing anything. No further public comments at this time.

CLARK: Okay, fantastic. Well, thank you so much for your participation today. I think we got a lot done, and I'm very excited for 2025. And with that, I'll take a motion to adjourn.

JOHNSON: Jonathan Johnson. Motion to adjourn.

CLARK: Awesome. Thanks, Jonathan. Any seconds?

FRIEDMAN: Sarah Friedman, second.

CLARK: Thank you, Sarah. All in favor say aye.

MEMBERS: Aye.

CLARK: All right. Have a great day everyone. Thanks again.